1. ~~Mr Muston~~ ~~B.415~~
2. ~~Mr Morley~~ Parry A.421
3. Mr ~~Perry~~ A.405

CITY OF OXFORD

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year

1969

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Mr. Chairman, Ladies and Gentlemen,

This is my twenty-second Annual Report and is compiled in accordance with Department of Health and Social Security Circular 1/70.

In this year of extensive demolition in the St. Ebbe's area, during which the foundations of the Greyfriars monastery were uncovered, it seemed appropriate to include a short note on "Greyfriars", the headquarters of the Health Department for the last forty-five years. This listed seventeenth century building has been assaulted on all sides by dust, noise and vibration during the past year; miraculously the building still stands and the staff remain in good heart.

The vital statistics show a reduction in the birth rate for the sixth successive year. Infant mortality was above average due to a small but significant number of deaths of children between one month and one year of age which occurred in the first three months of the year and which proved to be due to respiratory tract infection. The perinatal mortality rate was remarkably low due mainly to the lowest stillbirth rate on record. The general death rate for the city was about average.

Dr. J. A. Baldwin, Medical Director of the Oxford Record Linkage Study, has contributed a report dealing with the hospitalisation of Oxford residents from 1963 to 1968. Each year, these figures become more interesting but they can only indicate trends in the types of morbidity for which hospitalisation is the rule rather than the exception. It will be necessary to obtain similar statistical information from the community services and particularly from general practice before a comprehensive picture of morbidity can be obtained.

The report received in July entitled "Fluoridation Studies in the United Kingdom and the Results Achieved After Eleven Years" gave further conclusive evidence of the benefit derived from the fluoridation of public water supplies. Unfortunately, the serious local financial situation has precluded any early action.

The Blackbird Leys (1960), East Oxford (1967) and Summertown (1967) Health Centres have continued to provide the community health services for their respective areas. Two additional small health centres to serve the West Oxford and Wood Farm areas were officially opened by the Lord Mayor (Alderman P. D. Bromley, a member of the Health Committee since 1952) on the 6th November. The West Oxford Health Centre (cost £7,500) is a purpose-built extension to the Community Association

building (formerly a school), whilst the Wood Farm Health Centre (cost £23,000) is a new building to replace the old Slade Park Clinic. Both centres provide facilities for branch surgeries and local authority services. Oxford now has five health centres and in addition four clinic premises are being used for branch surgery purposes. The Jericho Health Centre is under construction and is due to open in January, 1971. The Donnington Health Centre scheme was agreed but, most disappointingly, was then relegated in the capital programme to 1972/73. However, an interim plan to accommodate one practice in the existing clinic building, after minor alterations have been carried out, should be completed by the summer of 1970.

The ever-increasing demand on the Ambulance Service may at last have reached its peak in that the number of patients carried has remained stationary for the last three years and the mileage covered has dropped slightly over the same period. A training scheme for ambulance driver/attendants is now in operation with satisfying results.

Health visitors have made fewer visits to children under the age of five (61.5%) whilst the number of visits to old people over 65 years of age (19%) have again increased. A total of 1,750 elderly persons were visited on 7,889 occasions by health visitors. Very important work is done amongst the immigrants, although the work load in this respect varies throughout the city; for instance, out of 44 births in the practice of one health visitor, 24 were amongst immigrants, whilst in another practice, out of 69 births 43 were immigrants. For the city as a whole, immigrant and alien births for the last three years have constituted 16.6%, 18.9% and 18.8% (1969) of total births respectively. The present establishment of health visitors is becoming increasingly inadequate to deal satisfactorily with all demands.

There was a marked rise in the number of patients treated by district nurses at doctors' surgeries. Home nursing is being organised increasingly on a team basis. Unfortunately, financial resources have been insufficient to enable an adequate number of incontinence pads to be supplied.

The Home Help Service has again been below establishment but, in spite of this, has managed to deal with an increased number of cases. Those over 65 years of age now constitute 80% of the total case load.

The number of new patients seen by the Family Planning Association has again increased. This rapidly expanding service has necessitated the opening of additional clinics each year. The age and parity of patients at the time of their first visit were both lowered, indicating that women are seeking advice earlier in their reproductive life than was formerly the case.

The domiciliary family planning service has continued to give worthwhile results; the relatively few failures in this vulnerable group were due to inconsistency in the use of the method advocated.

The cervical cytology service, which started in March, 1965, can now look back on five years' experience; during this time 10,181 new patients have been seen and 48 (0.47%) positive smears obtained. This year has been one of increased activity as a result of a greater number of new patients together with the introduction of an experimental recall system, which entails smear testing every five years for those under 40, every three years for those between 40 and 50, and every year for those over 50 years of age.

Many health department staff have been involved in giving lectures and talks, of which at least 250 were illustrated by means of a film projector. There has been a good deal of inservice training including a course for home helps and a study day for health visitors. All women's organisations have been approached with offers of talks, leaflets and appointment cards concerning cervical cytology.

New referrals to the Occupational Therapy Service have doubled in the last two years. Many of these have been for assessment as to aids in the activities of daily living. There had to be some curtailment of patients' productivity due to the accumulation of unsold stock in the Retail Shop.

There have been further transfers of chiropody sessions from old people's clubs to neighbouring clinics or health centres where better facilities enable a better service to be given. Requests for treatment continue to increase and a second chiropody post was established but it was only possible to fill it on a part-time basis for a few weeks at the end of the year.

Recruitment within the professions supplementary to medicine, which include chiropodists and occupational therapists, is difficult, and the very poor national salary scales for these posts must be an important contributory factor.

There are now three city patients on domiciliary renal dialysis. The cost of home conversion for this purpose continues to be borne by the City Council, but the actual work is now undertaken by the Works and Buildings Department of the Regional Hospital Board. Patients on renal dialysis are unable to partake in family holidays and, therefore, a local scheme to provide a caravan, equipped with dialysis equipment and stationed in a holiday area, is greatly to be commended. Funds for this purpose are being raised by the patients and friends of the Churchill Hospital Renal Dialysis Unit.

Each year, 50 houses are available for allocation on medical grounds and, although the number of applicants is still considerably greater than the available houses, nevertheless there has been a substantial drop in the number of applications from the previous year.

The very valuable domiciliary physiotherapy service organised by the Aid in Sickness Charities has continued its work; most referrals coming from general practitioners but some from the hospital service.

The infectious disease beds at the Slade Hospital have been busier than for the last four years; diarrhoeal diseases heading the list with glandular fever second and infective jaundice third. The commoner infections admitted included mumps (19), chickenpox (17), measles (12), influenza (10), herpes simplex (7), typhoid and paratyphoid (6), rubella (5), herpes zoster (4), pertussis (4), scarlet fever (3) and erysipelas (2), whilst among the rarer diseases there were two cases of epidermonecrolysis, one of roseola infantum, and one of brucellosis.

Notified infections within the city included only six cases of whooping cough, which is the second lowest incidence recorded; not a single case of whooping cough was notified during the last eight months of the year. There were 193 cases of measles which is the third lowest total. Measles vaccination started in Oxford in 1965 and the average number of cases for the last four years has been 317 compared with an average of 907 each year for the period 1956-1965.

There were 40 cases of dysentery of which three were Flexner all contracted abroad. The 37 Sonne cases were distributed throughout the year and were mainly located in families having young children. Two cases of typhoid fever and one of paratyphoid B occurred in patients who had contracted their infection in Italy. There were five small food-poisoning outbreaks, four due to salmonella and one to clostridium welchii infection.

An outbreak of winter vomiting disease occurred amongst the staff of a large department store. A sudden but mild episode of uncertain causation affected 48 women at a telephone exchange; the chief causal factor was probably acid fumes produced from the charging of batteries in the basement, but undoubtedly there was also a psychological element.

There has been an increased incidence of infective jaundice, 129 cases having been notified compared with 26 and 28 in the last two years respectively. Three quarters of these cases occurred on the Blackbird Leys estate

and one school particularly was involved. Infective jaundice is a difficult disease to control because of the long incubation period and the occurrence of many mild unrecognised cases.

Glandular fever continued to be a locally notifiable disease, there being 100 cases compared with 98 and 85 respectively during the previous two years; this is a disease of particular interest and concern to Oxford as the highest incidence is amongst the student age group. Just over half the cases occurred amongst undergraduates, no less than 25 colleges being involved.

In December, there was a sudden nationwide outbreak of influenza due to the Hong Kong variant of influenza A virus. Rather unexpectedly, it proved to be the most severe of recent outbreaks, particularly amongst adults; deaths from respiratory disease increased substantially. Local claims for sickness benefit certificates rose rapidly to over four times their normal seasonal level by the end of December, and this peak was maintained until the end of the second week in January, 1970. There then occurred a rapid return to normal by the end of the month. The maintained schools were not badly hit, the average attendance rate never falling below 87%.

In the light of two recent surveys in other areas, and after discussion with Dr. H. R. Vickers, Consultant Dermatologist to the United Oxford Hospitals, it was agreed that the policy of excluding children with warts from swimming baths was no longer justified; the risk of transmission of verrucas is very slight whilst the benefit of swimming is very great.

There were 50 notifications of pulmonary tuberculosis which is the second lowest total. The cases notified were fairly equally divided between males and females and evenly spaced between the age groups. Since 1948, three elevenths of the salary of a consultant chest physician, a medical social worker and a clerk have been paid to the United Oxford Hospitals, but this state of affairs ceased at the end of March as the result of a circular from the Department of Health. However, the essential team for dealing with tuberculosis remains in being and continues to give excellent service. Dr. Frank Ridehalgh, the leader of this efficient and happy team, will be retiring in September, 1970, and it is, therefore, appropriate to pay tribute to the absolutely first class service which Oxford has received from him over many years. In thanking Dr. Ridehalgh, we wish him a long and happy retirement.

There was an increase in the number of attendances at the V.D. clinic, but this was mainly due to suspected rather than to actual disease. A small increase in the number of cases of gonorrhoea was confined to the 18-19 age group. Dr. P. Mallam, Consultant in charge of the V.D. Department, retired in February, 1970, and his responsible leadership and outstanding co-operation with the health department over many years has been very much appreciated. We wish him also a long and happy retirement. In order to ensure good contact tracing, the medical social worker allocated to the V.D. clinic should attend both the male and the female sessions. It was disappointing to learn of the cessation of routine cervical cytology in this department due to the pressure of work.

The immunisation figures are again very praiseworthy. The level of infant smallpox vaccination (71.5%) is the highest achieved apart from 1962 when demand for vaccination was stimulated by outbreaks of smallpox in this country. All the health visitors reported figures of over 50% for the infants on their lists and two reported a figure above 90%. Triple vaccine for protection against diphtheria, tetanus and whooping cough was given to 96.5% of children which is the highest figure yet achieved, all health visitors managing at least 89%. In July, a change was made to the use of adsorbed vaccine which produces fewer general reactions and gives a better antibody response. Poliomyelitis vaccination reached 95.5% which is the best level yet achieved. As regards measles, 76% of children under the age of two were protected by vaccine, whilst another 5% had already had the natural disease. Out of a total of 8,159 children vaccinated against measles since 1965, only 71 (0.87%) have so far contracted measles and practically all these have been mild cases. In March, Burroughs Wellcome vaccine was withdrawn from the market and Glaxo vaccine was substituted; a local survey showed less frequent and less severe reactions following vaccination by the Glaxo vaccine. The number of travellers protected against yellow fever reached over 1,000 for the first time.

As a result of a considerable increase in the number of bookings at the G.P. Maternity Unit, the Management Committee, in July, decided to impose a limitation of 75 bookings a month, which, it is anticipated, will result in approximately 600 admissions a year. During 1969, there were 613 patients of whom 311 came from the city. It has been agreed that the city will assume responsibility for providing the total midwifery cover for the Unit on the understanding that an appropriate grant is made by the United Oxford Hospitals. As a result, the Assistant Non-Medical Supervisor of Midwives has taken over the duties of Superintendent and each domiciliary midwife, in turn, acts as Assistant Superintendent of this Unit. The third annual report from Dr. M. J. V. Bull, Senior Medical Assistant, again shows results which are a great credit to all concerned. This Unit is a good example of the tripartite health service functioning efficiently and

harmoniously. It is also an excellent example of a G.P. Unit controlled by general practitioners to the satisfaction of all concerned, and in this respect it is a good advertisement for the future concept of local community hospitals staffed mainly by general practitioners.

Last year, births outside hospital were equally divided between the G.P. Unit and the patients' home but this year there were only 150 domiciliary deliveries (one third) compared with 311 in the Unit (two thirds). There was no maternal death, stillbirth or neonatal death among patients delivered in the Unit or at home; a very fine record. Every week there are 19 antenatal clinic sessions each conducted jointly by a general practitioner and his attached midwife or pupil. Hospital deliveries totalled 68%, a similar figure to that of recent years.

Of the 31 child health clinics held each week, half are taken by general practitioners for their own patients, a quarter by married women doctors not in general practice, and a quarter by the full-time staff of the Health Department. An appointments system is being generally adopted, but adequate time is reserved for urgent cases and for casual attenders. The work at the clinics is increasingly concerned with the early detection of developmental defects, with particular reference to hearing and vision.

There were 32 infant deaths during the year and a special study was made of nine of these which were sudden and unexpected. Seven of these "cot deaths" occurred during the first three months of the year when temperatures were lower than average. A post mortem was performed in eight cases and each time either bronchiolitis or bronchopneumonia was present, although no common causal infective organism was isolated.

There has been a further substantial increase in the number of registrations of private nurseries and child minders. A total of 25 premises now cater for 672 children, and 68 child minders look after 153 children. The Save the Children Fund playgroups at East Oxford and Wood Farm Health Centres have continued to provide a most valuable service.

Dr. Michael Gelder took up the post of Professor of Psychiatry in January, and one result of his appointment has been the attendance of mental health social workers at weekly case conferences at the Warneford as well as at Littlemore Hospital. The important role of voluntary bodies in the field of mental health is demonstrated by the fact that the following are active in this area: Oxford and District Society for the Mentally Handicapped; Oxford Branch of the National Society for Mentally Handicapped Children; Spastics Society; League of Friends of Littlemore, Warneford and Park Hospitals; Richmond Fellowship; and Oxford and District

Council on Alcoholism. The impressive list of visitors from abroad include delegates from Norway, Denmark, Holland, Spain, Canada, U.S.A., Peru and Australia.

There has been a welcome fall both in the number of compulsory and also of total admissions to the psychiatric hospitals. Emergency admissions have fallen by half during the last five years. There is a continuing small but urgent waiting list of children for admission to hospitals for the subnormal. The pressure for places at Mabel Prichard School is steadily increasing. A very successful film, sponsored jointly by the Spastics Society and the Mental Health Film Council, was taken at St. Nicholas House. The value of short-term admissions to St. Nicholas House was again demonstrated. The Industrial Training Unit had another most successful year but with 78 workers occupying the space provided for 60, the workshop is becoming increasingly overcrowded. Eastfield House was officially opened by Dame Joan Vickers in April and by the end of the year there were ten males and ten females in residence. The first mini-hostel (grouped home) was opened at 27 Brasenose Driftway. Seven men look after themselves with occasional support from the staff of the adjoining Eastfield House Hostel.

It would appear that the great majority of elderly people in need of help in the city are in regular contact with the services available to them. Only exceptionally does a crisis situation now arise in a case previously unknown to the department. With the return of another Welfare Officer from a social worker training course, a more concentrated effort has been made towards helping handicapped persons in their own homes.

The waiting list for Old People's Homes has diminished and is now within reasonable limits. Very few hospital patients have had to wait long before obtaining a transfer to an Old People's Home and at the end of the year there were only three hospital patients on the waiting list. Short-term admissions to Old People's Homes have increased substantially and are now arranged throughout the year.

The book finishing industry introduced into the sheltered workshop last year developed so rapidly that three-quarters of the available labour force were retrained for this work.

There has been a growing interest in the field of environmental health as a result of the proclamation of 1970 as European Conservation Year. The control of infectious disease and improvement of the environment were the twin foundations on which the public health service commenced over one hundred years ago. Much success has been achieved but the follow-

ing list of current problems mentioned in the report of your Chief Public Health Inspector leaves no ground for complacency: gipsy encampments; overheating of offices and shops; refrigerator breakdowns; developing resistance of rodents to modern insecticides; pollution from incinerators; noise nuisances from clubs and community centres; rehabilitation housing areas; overcrowding in association with multi-occupation of houses; antibiotics in milk; hot dog vans; liver fluke infestation of animals; foreign bodies in food and mouldy foodstuffs.

The Simon Community Hostel continued to be registered as a common lodging house for twenty residents. There was no major disturbance during the year but the hostel is of continuing concern to those living in the area.

Difficulty is being experienced in finding a suitable permanent site for gipsies. A problem was created in the Slade Park area when at one time as many as 56 caravan dwellers were in occupation.

Two children bitten by a recently imported young monkey highlighted the need for care in animal control at pet shops.

A relatively severe bed bug infestation at the newly-built and furnished Longlands Old People's Home was a reminder of the nuisance that can be caused by these pests. The source of infestation was an elderly person with infested personal belongings admitted to the Home from a bug-ridden house.

Two further Smoke Control Orders become operative but progress with this important health measure is disappointingly slow and only about 25% of city premises are as yet within smoke control areas. However, the recent sample housing survey showed that approximately two-thirds of all housing in the city was in fact smokeless, a welcome indication that many citizens have anticipated official action.

There has been an increase in noise nuisance complaints due to various causes.

The new extension to the modern sewage works gives an increased capacity of plant sufficient to deal with about 10 million gallons per day. The works are now able to meet the much higher standard for the final effluent which is required by the Thames Conservancy Board.

There has been considerable increased activity with regard to housing. The Housing Act, 1969, came into effect in August and at last some heartening progress has been made in the rehabilitation of the Jericho area.

There has been a continuing need for attention to food premises. Hot dog van operators remain a problem both to the police and the health department. Eastwyke slaughterhouse was closed in March, the premises being reorganised to serve as a deep freeze food centre. There was a further substantial increase in liver fluke infestation in both bovines (43%) and sheep (29%). For the second consecutive year, no evidence of tuberculosis was found in any slaughtered animal. There is still need for greater vigilance concerning stock rotation of perishable goods. Far too many complaints still relate to mouldy foodstuffs.

The Report of the Royal Commission on Local Government, the Social Services Bill, and the Second Green Paper on the Future Structure of the National Health Service, all gave rise to much discussion. Your Medical Officer of Health was asked to give a paper on "The Future Administration of the National Health Service" with particular reference to local authority health services, at the Royal Society of Health Congress at Eastbourne in April, 1970. At the same meeting, your Chief Public Health Inspector also had the honour of reading a paper on the subject of "Rehabilitation of Houses".

Your Medical Officer of Health has continued to be a member of the Joint Committee on Vaccination and Immunisation set up to advise the Health Ministers on all medical aspects of vaccination and immunisation. He has also continued to be a member of the Public Health Laboratory Service Board. As from April, 1970, he has been appointed Chairman of the Isis Group Hospital Management Committee.

Dr. K. C. Kewish, our third D.P.H. Trainee, left in February before he had completed the course, to take up a post in general practice in Canada. We were very sorry indeed to lose him as he gave every promise of being a very good recruit to the public health service in this country. Dr. P. Harker arrived as the fourth D.P.H. Trainee in July and will be attending the course in 1970. Miss G. M. Davies, Deputy Superintendent Health Visitor, retired after 31 years' service in the department and the best wishes of the staff are extended to her for a happy retirement. We were delighted by the award early in 1970 of a Winston Churchill Travelling Fellowship to Mr. J. G. Scott, Senior Public Health Inspector. He will be going to the United States of America to study air pollution from motor vehicles.

Although I am responsible for this Report, many members of my staff, some named and others not mentioned personally, have contributed to it,

and it is a very real pleasure and privilege to acknowledge, once again, the willing and efficient support I have received from all my staff throughout the year.

Finally, I should like to thank, most sincerely, the Chairman and all Members of the Health Committee for their kindly consideration and encouragement at all times.

Yours faithfully,

J. F. WARIN.

Medical Officer of Health.

SECTION I

(a) COMMITTEE MEMBERS

HEALTH COMMITTEE

Chairman: Councillor WOODWARD

Vice-Chairman: Alderman MEADOWS, A.I.S.T., M.R.S.H.

Alderman	Mrs. ANDREWS, M.B.E.	Councillor	Mrs. ELLIS, S.R.N., S.C.M.
,,	BROMLEY (Lord Mayor)	,,	HALSTEAD
,,	Mrs. HARRISON HALL, J.P., M.B., Ch.B.	,,	Mrs. HAMILTON
,,	ROBERTS	,,	MACBETH, M.A., D.M.
,,	Miss SPOKES, M.A.	,,	Mrs. MCARDLE
Councillor	Mrs. CARR, B.A.	,,	SIMPSON, M.B.E.
,,	DICKINS	,,	WILCHER, C.B.E., B.Litt., M.A.

Mrs. M. HOUGHTON, Mrs. O. PHIPPS — Representing the Oxford County and City Executive Council

Mr. A. W. DENT, J.P. — Representing the United Oxford Hospitals

HEALTH AND WELFARE SERVICES SUB-COMMITTEE

Chairman: Alderman MEADOWS, A.I.S.T., M.R.S.H.

Vice-Chairman: Councillor SIMPSON, M.B.E.

Alderman	Mrs. ANDREWS, M.B.E.	Councillor	DICKINS
,,	BROMLEY (Lord Mayor)	,,	Mrs. HAMILTON
,,	Mrs. HARRISON HALL, J.P., M.B., Ch.B.	,,	WILCHER, C.B.E., B.Litt., M.A.
,,	Miss SPOKES, M.A.	,,	WOODWARD
Councillor	Mrs. CARR, B.A.		Mrs. M. HOUGHTON

GENERAL PURPOSES SUB-COMMITTEE

The Chairmen and Vice-Chairmen of the Health Committee and Health and Welfare Services Sub-Committee; together with Alderman Mrs. ANDREWS, M.B.E., Miss SPOKES, M.A., and Councillor DICKENS.

COWLEY INDUSTRIES SUB-COMMITTEE

Alderman	BROMLEY (Lord Mayor)	Councillor	SIMPSON, M.B.E.
Councillor	MACBETH, M.A., D.M.	,,	WOODWARD

Representatives of the Council on City and County Joint Ambulance Committee

Alderman Mrs. HARRISON HALL, J.P., M.B., Ch.B.
,, MEADOWS, A.I.S.T., M.R.S.H.
,, ROBERTS
Councillor SIMPSON, M.B.E.
,, WILCHER, C.B.E., B.Litt., M.A.

Representatives of the Council on Oxford Voluntary Care Committee for Tuberculosis and Chest Diseases

Alderman MEADOWS, A.I.S.T., M.R.S.H.
Councillor Mrs. ELLIS, S.R.N., S.C.M.
,, HALSTEAD
,, Mrs. HAMILTON

Representatives of the Council on Health Centres Joint Committee

Councillor SIMPSON, M.B.E.
,, WILCHER, C.B.E., B.Litt., M.A.

HOUSING COMMITTEE

Chairman: Alderman INGRAM
Vice-Chairman: Councillor GRIFFITHS, M.A.

Alderman	FAGG (Sheriff)	Councillor	Mrs. GREEN
Councillor	BLAGROVE	,,	Miss HANDS, M.A.
,,	BOWDERY	,,	JACKSON
,,	Mrs. ELLIS, S.R.N., S.C.M.	,,	WEEKES
,,	Mrs. GEE	,,	WHITE

(b) HEALTH DEPARTMENT STAFF

Medical Officer of Health
J. F. WARIN, M.D., D.P.H.

Deputy Medical Officer of Health
R. P. RYAN, M.B., B.S., D.P.H. (ceased 19.1.69)
E. P. LAWRENCE, M.B., B.Ch., D.P.H., D.T.M. & H. (transferred from Senior Medical Officer, 20.1.69)

Principal Medical Officer
JOAN GRAY, M.B., Ch.B., D.P.H.

Senior Medical Officers
VERA M. HOLLYHOCK, M.B., B.Ch., D.P.H.
J. S. RODGERS, M.B., Ch.B., D.P.H. (commenced 1.3.69)

Departmental Medical Officers
M. JEAN BOND, M.B., Ch.B.
P. HARKER, M.B., B.S. (commenced 1.7.69)
K. C. KEWISH, M.R.C.S., L.R.C.P., D.P.H. (ceased 28.2.69)
CYNTHIA M. PHILLIPS, B.M., B.Ch. (part-time)

Consultant Chest Diseases (part-time)
F. RIDEHALGH, M.D., F.R.C.P. (to 31.3.69)

Principal Dental Officer
C. H. I. MILLAR, B.Sc., L.D.S.

Chief Public Health Inspector
W. COMBEY, D.P.A., F.A.P.H.I., A.M.I.P.H.E. (*a*) (*b*) (*c*) (*d*)

Deputy Chief Public Health Inspector
S. J. GARROD (*a*) (*b*) (*c*) (*d*)

Senior Public Health Inspectors
R. CROSSLEY (*a*) (*b*) Housing
K. ENGLAND (*a*) (*b*)
K. O. KEIGHLEY (*a*) (*b*)
J. P. MULLARD (*a*) (*b*)
J. G. SCOTT (*a*) (*b*) (*e*)
D. WATSON (*a*) (*b*) (*d*)

District Public Health Inspectors
K. COLDHAM (*g*) (ceased 4.5.69)
I. P. GLISTER (*g*) (commenced 2.9.69)
I. F. KING (*b*) (*f*)
D. C. ROBERTS (*f*) (ceased 21.9.69)

Authorised Meat Inspectors
P. G. ALLAN (*b*)
H. E. ELLISON (*b*) (ceased 20.4.69)

(*a*) Sanitary Inspector's Certificate, Sanitary Inspector's Joint Board.
(*b*) Meat and Food Inspector's Certificate, Royal Society of Health.
(*c*) Sanitary Science Certificate Royal Society of Health.
(*d*) Smoke Inspector's Certificate, Royal Society of Health.
(*e*) Testamur of Institute Public Cleansing.
(*f*) Public Health Inspector's Certificate, Public Health Inspector's Joint Board.
(*g*) Public Health Inspector's Diploma, Public Health Inspector's Education Board.

Technical Assistants
D. G. Cross, City and Guilds Certificate (Carpenter and Joiner) (commenced 6.1.69)
J. A. Wirdnam, City and Guilds Certificate (Plumbing)

Pupil Public Health Inspectors: 3

Pest Control Officer
G. A. Williamson

Pest Control Operators
A. G. Barnsley
R. A. Becket (commenced 29.9.69)
P. Wainwright (ceased 28.9.69)

Superintendent Nursing Officer
*Miss E. P. Gilbertson (*a*) (*c*) (*d*)

Deputy Superintendent Health Visitor
Miss G. M. Davies, D.N. (*a*) (*c*) (*d*) (retired 1.6.69)
Miss G. M. Lawrence (*a*) (*c*) (*d*) (transferred from Health Visitor 2.6.69)

Senior Health Visitors
Miss J. Barnett (*a*) (*c*) (*d*)
Miss D. Bree (*a*) (*c*) (*d*)
Miss N. Crookall (*a*) (*d*)

Health Visitors
Miss E. J. Blackler (*a*) (*c*) (*d*)
Miss P. A. Broadbent (*a*) (*c*) (*d*)
Miss M. Brown (*a*) (*c*) (*d*) (*e*) (retired 4.5.69)
Miss M. R. Carpenter (*a*) (*c*) (*d*) (*e*) (ceased 7.9.69)
Miss J. A. Clarke (*a*) (*c*) (*d*) (commenced 25.9.69)
Mrs. D. A. Dowling (*a*) (*d*)
Miss E. Dudson (*a*) (*c*) (*d*) (*e*)
Miss E. J. Frampton (*a*) (*c*) (*d*)
Miss E. N. Gatliffe (*a*) (*c*) (*d*) (commenced 25.9.69)
Mrs. G. M. Green (*a*) (*d*) (ceased 7.12.69)
Mrs. B. C. Hallett (*a*) (*c*) (*d*) (ceased 2.3.69)
Miss D. M. King (*a*) (*c*) (*d*) (*e*)
Miss H. Rankin (*a*) (*c*) (*d*)
Miss H. L. Robinson (*a*) (*c*) (*d*)
Mrs. M. F. Stein (*a*) (*c*) (*d*) (commenced 25.9.69)
Miss D. R. Tattersall (*a*) (*c*) (*d*)
Miss M. E. Tillin (*a*) (*c*) (*d*) (*e*) (commenced 25.9.69)
Mrs. N. P. Welch (*a*) (*d*) (commenced 25.9.69)
Miss M. Witten-Hannah (*a*) (*d*)

School Nurses: 4 (part-time)

Student Health Visitors: 1st year—4, 2nd year—3.

Non-Medical Supervisor of Midwives
Miss P. Millar (*a*) (*c*)

Assistant Non-Medical Supervisor of Midwives
Miss D. B. Inness (*a*) (*c*)

Senior District Midwife
Miss M. E. Viner (*a*) (*c*)

Midwives
Miss P. D. Daymond (*a*) (*c*)
Miss B. J. Esnouf (*a*) (*c*) (ceased 4.5.69)
Miss C. Fisher (*a*) (*c*) M.T., Dip.
Miss J. Hepworth (*a*) (*c*)
Miss J. K. Husk (*a*) (*c*) (commenced 19.10.69)
Mrs. J. M. Norris (*a*) (*c*) (commenced 1.2.69)
Miss D. R. Padwick (*a*) (*c*)
Miss M. M. Pim (*a*) (*c*) (ceased 31.1.69)
Miss D. E. Reeve (*a*) (*c*)
Miss J. O. Speirs (*a*) (*c*) (commenced 1.5.69)
Miss V. A. Stolton (*a*) (*c*) (commenced 1.4.69)
Mrs. B. Kewish (*a*) (*c*) (part-time, ceased 28.2.69)
Mrs. S. J. Oakey (*a*) (*c*) (part-time)
Mrs. A. B. Parkinson (*a*) (*c*) (part-time, commenced 17.2.69)

Deputy Superintendent District Nurse

Mrs. M. ANGELL (*a*) (*e*)

Senior District Nurses

Mrs. E. M. MOBEY (*a*) (*c*) (*e*)
Miss M. G. SYMONDS (*a*) (*c*) (*e*)
Miss E. W. TURRILL (*a*) (*c*) (*f*)

District Nurses

Miss S. Andrews (*a*) (*e*) (commenced 29.9.69)
Miss M. J. BANNISTER (*a*) (*e*) (commenced 4.8.69)
Mrs. R. E. BUSFIELD (*a*) (commenced 25.8.69)
Mrs. H. NORRIS (*née* Carter) (*a*) (*e*)
Mrs. V. N. T. CARTER (*a*) (*c*) (*d*) (*e*)
Mrs. S. D. DANCE (*a*) (commenced 3.11.69)
Miss J. M. DEWEY (*a*) (*c*) (*e*) (ceased 14.9.69)
Mrs. I. M. HUTCHINSON (*b*)
Mrs. O. C. KEEBLE (*a*) (*e*) (ceased 24.9.69)
Mrs. G. M. KIRK (*a*) (*e*) (ceased 3.1.69)
Mrs. M. R. KISS (*a*) (*e*) (ceased 30.6.69)
Miss P. C. LIM (*b*) (*e*) (ceased 23.7.69)
Mrs. E. M. MEDCRAFT (*b*) (*e*)
Miss A. P. MORGAN (*a*) (commenced 2.9.69)
Mrs. B. E. MOSOLF (*b*) (commenced 1.10.69)
Miss B. MOSS (*a*) (*e*)
Miss B. M. PARKER (*a*) (*e*)
Miss H. M. PETTET (*a*) (*e*) (commenced 5.1.69)
Miss E. J. PLUMMER (*b*)
Mrs. A. RANDALL (*a*) (commenced 1.10.69, ceased 28.12.69)
Mrs. C. J. SASTRY (*a*) (*c*) (*e*) (commenced 13.1.69)
Miss J. M. SHAW (*b*) (commenced 6.1.69, ceased 3.9.69)
Mrs. J. E. SKEETE (*a*) (*c*)
Mrs. H. J. SCHOFIELD (*a*) (*c*) (*e*) (commenced 27.5.69)
Mrs. N. M. WHEELER (*a*) (*c*)
Mrs. A. WILKINS (*a*) (*c*) (commenced 1.9.69)
Mrs. C. BARKER, Nursing Orderly (died 12.9.69)

Part-time District Nurses

Mrs. J. Burden (*a*) (*e*)
Mrs. V. HARRIS (*a*) (*c*) (*e*)
Mrs. A. MATCHETT (*a*)
Mrs. R. QUIGLEY (*a*)
Mrs. F. ROPER (*a*) (*e*)
Mrs. M. SHENTON (*a*)
Mrs. R. WILSON (*a*) (*c*)
Mrs. E. WINNING (*a*)

Nursing Aides

Mrs. M. Andrews
Mrs. L. SMITH (ceased 31.12.69)
Mrs. O. WEBSTER
Mrs. E. WOODLEY

Nurses' and Midwives' Headquarters

Mrs. D. CAMPBELL, Warden/Housekeeper (ceased 15.5.69)
Mrs. H. M. WARBURTON, Warden/Housekeeper (commenced 23.6.69)
Miss M. E. WOOD, Clerical Assistant
Mrs. R. J. STROUD, Clerical Assistant (part-time)
Mrs. B. E. RUNIS, Telephonist

Health Centres

Blackbird Leys

Mrs. E. THOMSON, Secretary/Receptionist
Mrs. M. G. COSTELLO, Clerk/Receptionist (part-time) (ceased 27.4.69)
Mrs. D. L. FOX, Clerk/Receptionist (part-time) (commenced 1.5.69)
Mrs. P. E. HARRIS, Clerk/Receptionist (part-time) (ceased 23.2.69)
Mrs. P. M. KING, Clerk/Receptionist (part-time) (commenced 27.8.69)
Mrs. S. ROBERTS, Clerk/Receptionist (part-time)
Mrs. J. M. STONE, Clerk/Receptionist (part-time)
Mrs. B. WADDUP, Clerk/Receptionist (part-time) (commenced 3.3.69, ceased 3.8.69)

East Oxford

Mrs. A. MacDonald, Secretary/Receptionist
Mrs. J. M. Baycock, Clerk/Receptionist (part-time)
Mrs. C. Standen, Clerk/Receptionist (part-time)
Mrs. S. Hubble (*née* Williams), Clerk/Receptionist (part-time)
Mrs. E. D. Burnhope (*a*), Surgery Nurse (part-time)
Mrs. V. I. Horvath (*a*), Surgery Nurse (part-time) (ceased 26.8.69)
Mrs. K. Vines (*a*) (*e*), Surgery Nurse (part-time) (commenced 18.8.69)

Summertown

Mrs. E. M. Ballance, Secretary/Receptionist
Mrs. J. Cable, Clerk/Receptionist (ceased 31.8.69)
Mrs. I. Cripps, Clerk/Receptionist (part-time)
Mrs. B. England, Clerk/Receptionist (commenced 26.9.69)
Mrs. J. Halliburton, Clerk/Receptionist (part-time) (commenced 17.2.69, ceased 30.4.69)
Mrs. C. Henzell-Thomas, Clerk/Receptionist (part-time) (ceased 15.2.69)
Mrs. A. M. Vernon, Clerk/Receptionist (part-time) (commenced 12.5.69, ceased 31.10.69)
Mrs. J. M. Davies, Clerk/Receptionist (part-time) (commenced 17.11.69)

Nurseries

Botley Road Day Nursery

Miss G. M. Nixey (*f*), Matron
Miss G. M. Thomas (*f*), Deputy Matron
Miss M. S. Dawson (*f*), Nursery Nurse
Mrs. S. P. Pagliaro (*f*), Nursery Nurse

Florence Park Day Nursery

Mrs. . Pearce (*a*) (*c*), Matron
Miss F. Bolton (*f*), Deputy Matron
Mrs. L. Buckingham (*f*), Nursery Nurse
Mrs. J. Higgs (*f*), Nursery Nurse

Home Help Service

Miss P. E. Urban-Smith, Organiser
Miss K. E. Thicke, Assistant Organiser

Chief Chiropodist

F. W. Whatmore, M.Phys.A., L.P.M.E., L.Ch.

Senior Chiropodist

Vacant

Occupational Therapists

Miss J. A. Gould, S.R.O.T., Head Occupational Therapist
Mrs. C. M. Edmonds (*née* Archer), S.R.O.T., Senior Occupational Therapist
Mrs. J. A. Goodall (*née* Baker), S.R.O.T., Senior Occupational Therapist (ceased 17.8.69)
Mrs. R. Deacon, S.R.O.T., Senior Occupational Therapist (commenced 15.9.69)

Medical Social Workers

Miss A. K. Wilson (Venereal Diseases) (part-time) (ceased 15.10.69)
Mrs. B. J. Mercer (Venereal Diseases) (part-time) (commenced 15.10.69)

Mental Health

*D. A. Purrett, Chief Mental Health Officer
†F. F. Vipond, Senior Mental Health Officer
L. A. Clinkard, Mental Health Officer
†D. E. Hoe, Mental Health Officer from 21.7.69
Miss D. M. Jackson, B.Soc.Sc. (temporary) (ceased 31.5.69)
†J. T. Nix, Mental Health Officer
D. W. Macintosh, D.P.S.A., Mental Health Officer
Mrs. V. Shervington, Dip.Soc.S., Mental Health Officer

Mabel Prichard School

Miss J. I. Forshaw, Dip.N.A.M.H., Supervisor
Miss V. Butt, Dip.N.A.M.H., Senior Assistant Supervisor
Miss S. E. Brown (*f*), Assistant Supervisor from 1.1.69
Mrs. M. Corrigan, Assistant Supervisor
Mrs. M. J. Fenwick, Assistant Supervisor (temporary) (ceased 31.7.69)
Mrs. J. Fitzjohn, Assistant Supervisor from 1.8.69 (ceased 29.9.69)
Miss R. F. Newman, Dip.N.A.M.H., Assistant Supervisor
Miss P. C. Wallis, Dip.N.A.M.H., Assistant Supervisor
Mrs. J. Webberley, Assistant Supervisor
Mrs. M. E. Finlay, Nursery Assistant
Mrs. R. R. Allen, Clerical Assistant (part-time) (commenced 13.10.69)

Industrial Training Unit

I. J. Price, Dip.N.A.M.H., Manager
J. A. Hope, Senior Instructor
M. M. Bacon, Dip. N.A.M.H., Instructor
A. E. Elvidge, Dip.N.A.M.H., Instructor (ceased 30.11.69)
Mrs. A. M. Head, Instructor
W. W. Holland, Instructor (from 1.12.69)
Mrs. S. R. Price, Instructor
Mrs. G. M. Whyte, Clerical Assistant (part-time)

Eastfield House (*Hostel for Adults*)

Mrs. P. R. Hunter, Warden
Mr. R. D. Clack, Deputy Warden
Mrs. M. J. Clack (*a*), Assistant Warden
K. P. Hunter, Assistant Warden

St. Nicholas House (*Hostel for children*)

L. Johnson, R.C.C.C., Superintendent (commenced 8.9.69)
Miss E. M. Burton, Housemother
Mrs. J. Dobbin (*née* Fawdrey), Assistant Housemother (ceased 11.10.69)
Mrs. A. Finlay (*f*), Assistant Housemother (temporary) (commenced 8.3.69)
Mrs. J. E. Foster, Assistant Housemother
Mrs. E. Galloway (*née* Godwin), Assistant Housemother (temporary)
Miss R. J. Godwin, Assistant Housemother
Mrs. E. D. Moore, Assistant Housemother
Miss R. J. Pollock, Assistant Housemother
Mrs. B. M. Vipond, Assistant Housemother

Welfare Services

*J. C. Davenport, Chief Welfare Services Officer
†R. J. Crane, Deputy Chief Welfare Services Officer
Miss A. C. Herbert (*a*), Senior Welfare Services Officer
†M. H. Stanley, Senior Welfare Services Officer
P. L. Hunt, Senior Welfare Services Officer (Welfare of the Deaf)
†S. J. Calder, Welfare Services Officer (from 28.7.69)
†Miss J. Baron, Welfare Services Officer (Welfare of the Blind)
†Miss H. M. Ford, Welfare Services Officer (ceased 14.11.69)
Miss J. E. Rosenthal, Welfare Services Officer (temporary) (commenced 17.11.69)
†Miss R. C. Waddle, Welfare Services Officer (Welfare of the Hard of Hearing)
Miss P. R. Wheeler, Home Teacher to the Blind
J. Carrington, Welfare Assistant (temporary) (commenced 29.12.69)
Mrs. M. Dale, Welfare Assistant (Old People's Welfare)
Miss P. M. Dell, Welfare Assistant
Miss J. C. Messenger, Welfare Assistant (ceased 19.9.69)
I. F. Maund, Trainee Welfare Officer (on Social Work Course)
Mrs. D. I. Tims, Trainee Welfare Officer (commenced 1.6.69)
Mrs. J. Barlow, Craft Instructress (ceased 14.11.69)
Miss A. D. Crawford, Craft Instructress
N. Bowley, Superintendent, Handicapped Workshop
M. Trafford, Foreman, Handicapped Workshop

*Declaration of Recognition of Experience, Council for Training in Social Work.
†Certificate, Council for Training in Social Work.

B. GRASBY, Assistant, Handicapped Workshop (commenced 7.7.69, ceased 4.12.69)
J. P. POCOCK, Assistant, Handicapped Workshop (commenced 8.12.69)
Mrs. E. S. QUICK, Sales Assistant (part-time)
Mrs. G. A. SHIELDS, Sales Assistant (part-time)
Mrs. M. R. GLEED, Clerical Assistant
R. WILSON, Laundry Engineer (ceased 10.8.69)
J. YOUNG, Laundry Engineer, City and Guilds (Heating and Ventilating) (commenced 1.8.69, ceased 7.11.69)
D. HOLDBROOK, Maintenance Engineer, City and Guilds (Plumbing) (commenced 10.11.69)

Old People's Homes

Barton End

Mrs. M. C. COLLISON (*b*), Matron
Mrs. S. ASHLEY (*a*), Deputy Matron (ceased 4.7.69)
Miss S. K. CHAFFIN (*b*), Deputy Matron (commenced 1.7.69)

Cutteslowe Court

Mrs. C. M. AVERY (*a*), Matron
Mrs. S. M. AMOR (*b*), Deputy Matron (commenced 10.7.69)
Mrs. E. V. WARD (*b*), Deputy Matron (transferred to Iffley House, 10.7.69)

Iffley House

Mrs. E. G. FIDLER (*b*), Matron
Mrs. V. DAVIES (*b*), Deputy Matron (ceased 9.7.69)
Mrs. E. V. WARD (*b*), Deputy Matron (commenced 10.7.69)

Longlands

Mrs. P. F. GODDARD (*née* Sirman) (*b*), Matron
Mrs. A. EVANS (*b*), Acting Deputy Matron (temporary) (commenced 29.8.69)
Mrs. E. GODFREY (*a*) (*c*), Deputy Matron

Marston Court

Mrs. M. Swain (*a*), Matron
Mrs. M. T. POTTER (*a*), Deputy Matron (ceased 4.10.69)

Oseney Court

Mrs. A. E. COULTER-SMITH (*b*), Matron
Miss M. S. HAYNES (*a*) (*c*), Deputy Matron

Shotover View

Miss M. A. BULBECK (*b*), Matron
Mrs. I. PAYNTER (*b*), Deputy Matron

Townsend House

Miss M. GILLESPIE (*b*), Matron
Mrs. E. HOLDEN, R.S.C.N., Deputy Matron

Relief Deputy Matrons, Old People's Homes

Mrs. C. HAYES (*b*)
Miss H. MIKKOLA (*b*) (commenced 10.7.69)
Mrs. J. R. TYLER (*a*)

(*a*) State Registered Nurse
(*b*) State Enrolled Nurse
(*c*) State Certified Midwife
(*d*) Health Visitors' Certificate
(*e*) Queen's Nurse
(*f*) Certified Nursery Nurse

Administration

H. G. ANNELY, Chief Administrative Assistant
T. D. THOMSON, Senior Administrative Assistant
L. C. STOCKFORD, Senior Administrative Assistant (Welfare Services)
W. J. GIBBS, Administrative Assistant (General Purposes)
P. C. GOMM, Administrative Assistant (Welfare Services)
N. J. KENNEDY, Administrative Assistant (Welfare Services)

L. N. Tutt, Administrative Assistant (Mental Health)
K. W. Gibbons, Administrative Assistant (Public Health Inspector's) (ceased 30.6.69)
H. C. Beedle, Administrative Assistant (Public Health Inspector's) (commenced 27.10.69)
Miss M. V. Crabb, Medical Officer of Health's Secretary
Mrs. C. C. Vaugon, Chief Welfare Services Officer's Secretary (ceased 1.1.69)
Mrs. E. E. Sheppard (*née* Merry), Chief Welfare Services Officer's Secretary (commenced 20.1.69)
Mrs. J. A. Taylor, Chief Public Health Inspector's Typist/Secretary
Miss H. M. Mitchell, Clerical Assistant (Maternity, Child Health and Infectious Diseases)
Miss I. Stone, Clerical Assistant (Vaccination and Immunisation)
Mrs. J. Tucker (*née* Little), Clerical Assistant (Welfare Services)
Miss A. Bellinger, Shorthand Typist (Public Health Inspectors)
Mrs. D. Devonport, Shorthand Typist (Health Education and Welfare) (part-time)
Mrs. A. P. Pearson, Shorthand Typist (Mental Health) (part-time)
Mrs. M. Peters, Shorthand Typist (Cervical Cytology)
Miss D. Skinner, Shorthand Typist (Welfare Services)
Miss S. Whiting, Shorthand Typist (Health Administration) (ceased 31.10.69)
Miss S. D. Rice, Shorthand Typist (Health Administration) (commenced 24.11.69)
R. P. White, Telephone Operator

Clerks

Mrs. B. Barden, Cervical Cytology
Mrs. S. Clements, Chiropody and Occupational Therapy
Miss N. M. Johnson, Health Visitors
Miss L. M. Garrett, Health Visitors (part-time)
Mrs. V. E. Giles, Home Help
Mrs. G. N. Paine, Home Help
Miss M. M. Snowden, Home Help
Miss E. Morgan, Maternity and Child Health
Mrs. R. Smith, Vaccination and Immunisation
Mrs. G. A. Bull, Vaccination and Immunisation (part-time)
Mrs. B. Grant, Welfare Foods
Miss C. Cooper, Welfare Foods
Mrs. G. Hagan, Administration (part-time)
Miss E. Rice, Administration
Mrs. E. R. Bishop, Mental Health (part-time)
Mrs. S. Townsend, Mental Health
Miss S. Briggs, Public Health Inspectors
Miss S. Hutt, Public Health Inspectors
Miss M. Milham, Welfare Services
Miss M. Neale, Welfare Services
Miss L. Silman, Welfare Services
Miss E. Simpson, Welfare Services

(c) OFFICES and ESTABLISHMENTS of the HEALTH DEPARTMENT

			Telephone No.
Headquarters	Greyfriars, Paradise Street	Oxford	47212
Welfare Services	City Chambers, Queen Street	,,	49811
Mental Health	City Chambers, Queen Street	,,	49811
Public Health Inspectors	Pembroke Street	,,	49811
District Nurses' and Midwives' Headquarters and Hostel	East Oxford Health Centre, Cowley Road	,,	40153
Home Helps	29/31 George Street	,,	49811
Blackbird Leys Health Centre	Blackbird Leys Road, Blackbird Leys	,,	78244
East Oxford Health Centre	Cowley Road—		
	Dr. Neill Partnership	,,	42334
	Dr. Lawrence Partnership	,,	42109
Summertown Health Centre	160 Banbury Road	,,	57347
West Oxford Health Centre	Binsey Lane—		
	Health Visitor	,,	46496
	Dr. Bedford Partnership	,,	46495
Wood Farm Health Centre	5th Avenue, Slade Park—		
	Health Visitor	,,	63593
	Dr. Balassa Partnership	,,	63594
Botley Road Day Nursery	Botley Road	,,	43492
Florence Park Day Nursery	Florence Park	,,	77286
Handicapped Workshop Retail Shop	12 Woodstock Road	,,	57602
Domiciliary Occupational Therapy		,,	52308
Barton End Old People's Home	Barton Road, Headington	,,	62829
Cutteslowe Court ,,	Wyatt Road, Summertown	,,	54446
Iffley House ,,	Iffley Turn	,,	78141
Longlands ,,	Balfour Road, Blackbird Leys	,,	79224
Marston Court ,,	Marston Road	,,	41526
Oseney Court ,,	Botley Road	,,	44592
Shotover View ,,	Horspath Road, Cowley	,,	78468
Townsend House ,,	Bayswater Road, Headington	,,	62232
Homeless Family Unit	Slade Park, Headington	,,	78711
Mabel Prichard School	St. Nicholas Road, Littlemore	,,	77878
St. Nicholas House	St. Nicholas Road, Littlemore	,,	77855
Industrial Training Unit	Brasenose Driftway, Cowley	,,	79570
Eastfield House	Brasenose Driftway, Cowley	,,	70598
Ambulance Headquarters	Churchill Drive, Old Road, Headington	,,	61336

(d) CLINICS

1. *Cervical Cytology*

Bury Knowle House, Old High Street, Headington	Friday	10.30 a.m.–12 noon
East Oxford Health Centre, Cowley Road	Tuesday	9.30 a.m.–12 noon
60 St. Aldate's	Thursday	9.30 a.m.–12 noon

2. *Child Health*

British Legion Hall, Hadow Road, New Marston	Wednesday	2–4 p.m.
Bury Knowle House, Old High Street, Headington	*Tuesday	2–4 p.m.
	Thursday	2–4 p.m.
	*Friday	2–3 p.m.
Church Hall, Bayswater Road, Headington	Wednesday	2–4 p.m.
Clinic Premises, Albert Street, St. Barnabas	Monday	2–4 p.m.
	*Wednesday	2–4 p.m.
Clinic Premises, Lake Street, Hinksey	*Tuesday	2–4 p.m.
	Friday	2–4 p.m.
Clinic Premises, Maltfield Road, Northway Estate	Thursday	2–4 p.m.
Clinic Premises, South Parade, Summertown	Tuesday	2–4 p.m.
	Thursday	10 a.m.–12 noon
Clinic Premises, Temple Road, Cowley	Monday	2–4 p.m.
	*Tuesday	2–4 p.m.
	*Wednesday	9–11 a.m.
Community Centre, The Oval, Rose Hill	Thursday	2–4 p.m.
Donnington School Clinic, Henley Avenue	Wednesday	2–4 p.m.
	*Friday	2–4 p.m.
Health Centre, Blackbird Leys Road	*Tuesday	2–4 p.m.
	*Wednesday	10–11 a.m.
	Wednesday	2–4 p.m.
	*Thursday	2–4 p.m.
Health Centre, Summertown, 160 Banbury Road	*Tuesday	2–4 p.m.
Health Centre, East Oxford, Cowley Road	Monday	2–4 p.m.
	*Wednesday	2–4 p.m.
	*Thursday	2.30–4 p.m.
	*Friday	2–4 p.m.
Health Centre, West Oxford, Binsey Lane	Tuesday	2–4 p.m.
Health Centre, Wood Farm, 5th Avenue, Slade Park	Friday	2–4 p.m.
Village Hall, Wolvercote	Thursday	2–4 p.m.
Surgery Premises, 12 Old High Street, Headington	*Wednesday	2–3 p.m.

*General Practice Clinic

3. *Immunisation and Vaccination*

Health Department, Greyfriars, Paradise Street (also at Child Health Clinics)	Tuesday	2 p.m. (by appointment)
Yellow Fever, Greyfriars, Paradise Street	Tuesday	2 p.m. (by appointment)

4. *Dental*

East Oxford Health Centre, Cowley Road	(by appointment)

(e) GREYFRIARS, PARADISE STREET

This has been a year of extensive demolition in the St. Ebbe's area, during which the remains of the original Greyfriars monastery were uncovered. It therefore seems appropriate to make some special reference in this Report to the headquarters of the Health Department which now stand almost as an island fortress in a sea of demolition.

Greyfriars has been the headquarters of the Health Department for over forty years. It is understood that it was originally acquired for this purpose on a temporary basis for not more than a year or two. It is a seventeenth century building which during the last year has been assaulted on all sides by dust, noise and vibration, and it is quite remarkable that it is still standing.

The uncovering of the original Greyfriars monastery, only about 150 yards from the Health Department, stimulated interest in the area, and it was with the considerable interest that I read a detailed account of this historic building in a book entitled "The Grey Friars in Oxford" by Andrew G. Little, M.A., of Balliol College, which was printed for the Oxford Historical Society at the Clarendon Press in 1892. It is recorded that the Franciscans first arrived in Oxford in 1224 when two friars hired a house in St. Ebbe's near to the church. A year later they moved to a larger house situated between the City Wall and Church Street, and other neighbouring properties were soon acquired. Then in February, 1245, eight tenements were purchased and amongst the former owners mentioned were "two from Warin of Dorchester and Juliana his wife". It seems that it has taken over 700 years for a descendent with the same uncommon name to return to St. Ebbe's but to inhabit another Greyfriars. Certainly your Medical Officer of Health has felt very much at home during the last twenty-two years in this old listed building, which has several features of architectural interest. For instance, the following is a description of the south room on the first floor of the East Block which is the office of the Medical Officer of Health; it is taken from an Inventory of the Historical Monuments in the City of Oxford:—

> "On the first floor, the S. room is lined with bolection-moulded panelling with an enriched cornice and the fireplace (Plate 23) has a black marble surround; the overmantel has an enriched shelf and a painting of still life in an enriched frame; above it are palm-leaves and flowers, with pendants at the sides".

It makes a delightfully individualistic office and there are other rooms of character in this historical building. It is from these somewhat ancient headquarters that Oxford's health service has developed over the last forty years. In theory, the building is quite unsuitable for modern

GREYFRIARS

office accommodation, and it has been the despair of organisation and methods experts on more than one occasion. However, in practice it has served the Department well and even its many small and often awkwardly-shaped rooms have been put to good use. To some extent, the available accommodation has suited the several sub-sections into which the work of the Department naturally divides. It is a building which is regarded with affection by many of the staff, and it is often the envy of visitors. Rather curiously, at least two other County Borough health departments are also housed in buildings called Greyfriars.

SECTION II

STATISTICS

Report prepared by H. G. ANNELY,
Chief Administrative Assistant

Area of City	8,785 acres
Population (estimated mid-year 1969)	109,720
Number of inhabited houses at 31.3.69	31,674
Rateable value of City at 31.3.69	£7,094,951
Product of a penny rate for 1968/69	£29,600

Total cost of all health services 1968/69:—

	Gross £	Net £
Public Health Services	64,741	59,262
Local Health Authority Services	411,985	341,603
Welfare Services	410,573	254,995
	£887,299	£655,860

In addition to the above, the City Council's share of the net expenditure of the City and County Joint Ambulance Committee in 1968/69 was £75,770.

	City of Oxford 1969	*Average* 1959–68	*England and Wales* 1969
Live births:—			
Number	1,523		797,542
Rate per 1,000 population (recorded)	13.9	15.69	
Rate per 1,000 population (as adjusted by comparability factor 0.94)	13.1		16.3
Illegitimate live births per cent of total live births	12.0	10.54	8.0
Stillbirths:—			
Number	7		10,662
Rate per 1,000 total live and stillbirths	5.0	12.36	13.0
Total live and stillbirths	1,530		808,204
Infant deaths (deaths under 1 year)	32		14,397
Infant mortality rates:—			
Total infant deaths per 1,000 live births	21.0	16.47	18.0
Legitimate infant deaths per 1,000 legitimate live births	20.0	16.72	17.0
Illegitimate infant deaths per 1,000 illegitimate live births	26.0	20.02	25.0

Neonatal mortality rate (deaths under 4 weeks per 1,000 total live births)	13.0	11.10	12.0
Early neonatal mortality rate (deaths under 1 week per 1,000 total live births)	10.0	10.18	10.0
Perinatal mortality rate (stillbirths and deaths under 1 week per 1,000 total live and stillbirths)	14.0	22.38	23.0
Maternal mortality (including abortion)			
Number of deaths	—		
Rate per 1,000 total live and still-births	—	0.34	
Death rate per 1,000 population (recorded)	10.5	10.25	
Death rate per 1,000 population as adjusted by comparability factor 0.93)	9.8		11.9
Death rate per 1,000 population from:—			
(*a*) Diseases of the heart and circulatory system	4.81	3.82	
(*b*) Cancer (all forms)	2.12	1.99	
(*c*) Influenza, Pneumonia, Bronchitis and other diseases of the respiratory system	1.63	1.37	
(*d*) Tuberculosis (all forms) ..	0.03	0.04	
(*e*) Violence (including suicides) ..	0.45	0.55	

(a) BIRTHS

Of the 4,647 notified live births, 1,464 were Oxford residents and 59 births to Oxford residents occurred outside the City, making a total of 1,523 births allocated to the City. Of these 1,334 were legitimate (679 male, 655 female) and 189 were illegitimate (98 male, 91 female).

CLASSIFICATION OF BIRTHS OCCURRING IN THE CITY

(a) Notified births

	Resident		Non-resident	
	Live births	Still-births	Live births	Still-births
Notified by domiciliary midwives ..	150	—	—	—
Notified by domiciliary midwives from General Practitioner Maternity Unit	310	—	235	—
Notified by Nuffield Maternity Home	485	3	1,892	24
Notified by Churchill Hospital ..	518	3	1,056	15
Notified by General Practitioner ..	1	—	—	—
	1,464	6	3,183	39

(b) Registered Births

Total live births:—

Male	2,387
Female	2,243
	4,630
(Illegitimate	374)

	Resident		Non-resident	
	Live births	Still-births	Live births	Still-births
Born in Nuffield Maternity Home	489	3	1,899	24
Born in Churchill Hospital ..	502	2	1,046	14
Born in General Practitioner Maternity Unit	300	—	235	—
Born in private houses	158	—	—	—
Born in hostel	—	—	1	—
Place of birth unknown	—	1	—	—
	1,449	6	3,181	38

CLASSIFICATION OF THE CAUSES OF DEATH

The following table gives a short analysis of the causes of death and the ages at which they occurred. Of the total of 1,155 deaths (1,190 in 1968) 555 were male and 600 were female.

Only one death was directly attributable to tuberculosis of the respiratory system. This occurred in a woman aged 63 years. A 19 year old Royal Naval electrician died of advanced tuberculous meningitis in one of the City's hospitals. This death has, therefore, been assigned by the Registrar General to Oxford County Borough as he had no permanent address.

In spite of the widespread outbreak of influenza towards the end of the year, deaths in the respiratory diseases group decreased slightly, as shown in the following table:—

	1969	1968
Influenza	11	9
Pneumonia	94	107
Bronchitis and emphysema	52	61
Other diseases of respiratory system	21	17
	178	194

The majority of these deaths occurred in the 75+ age group.

Causes of death at different periods of Life in the City of Oxford during 1969

(Table of Registrar General)

	Causes of Death	All ages	Under 4 weeks	4 weeks and under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
ALL CAUSES		1155	20	12	8	2	12	12	25	65	174	281	544
B5	Respiratory tuberculosis	1	—	—	—	—	—	—	—	—	1	—	—
B6	Other tuberculosis, including late effects	2	—	—	—	—	1	—	—	—	1	—	—
B18	Other infective and parasitic diseases	2	—	—	—	—	—	—	—	—	1	1	—
B19(1)	Malignant neoplasm buccal cavity and pharynx	1	—	—	—	—	—	—	—	—	1	—	—
B19(2)	Malignant neoplasm, oesophagus	4	—	—	—	—	—	—	—	—	1	—	3
B19(3)	Malignant neoplasm, stomach	27	—	—	—	—	—	—	—	1	5	10	11
B19(4)	Malignant neoplasm, intestine	44	—	—	—	—	—	—	—	6	4	16	18
B19(5)	Malignant neoplasm, larynx	2	—	—	—	—	—	—	—	—	1	—	1
B19(6)	Malignant neoplasm, lung, bronchus	57	—	—	—	—	—	—	2	4	13	20	18
B19(7)	Malignant neoplasm, breast	28	—	—	—	—	—	—	1	5	11	6	5
B19(8)	Malignant neoplasm, uterus	7	—	—	—	—	—	—	—	—	1	4	2
B19(9)	Malignant neoplasm, prostate	3	—	—	—	—	—	—	—	—	—	—	3
B19(10)	Leukaemia	2	—	—	1	—	—	—	—	—	—	—	1
B19(11)	Other malignant neoplasms	60	—	—	—	—	2	—	3	6	17	15	17
B19(20)	Benign and unspecified neoplasms	7	—	—	—	—	1	—	—	2	2	2	—
B21	Diabetes mellitus	8	—	—	—	—	1	—	—	—	—	2	5
B46(1)	Other endocrine etc. diseases	3	—	—	—	—	—	—	1	—	1	—	1
B23	Anaemias	3	—	—	—	—	—	—	—	—	2	—	1
B46(2)	Other diseases of blood etc.	1	—	—	—	—	—	—	—	—	—	—	1
B46(4)	Other diseases of nervous system, etc.	16	—	1	—	—	1	—	1	1	1	1	10
B26	Chronic rheumatic heart disease	19	—	—	—	—	1	—	—	2	5	6	5
B27	Hypertensive disease	16	—	—	—	—	—	—	—	1	4	6	5
B28	Ischaemic heart disease	287	—	—		—	—	—	5	10	52	79	141
B29	Other forms of heart disease	31	—	—	1	—	—	—	1	2	3	7	17
B30	Cerebro-vascular disease	139	—	—	—	—	—	2	3	3	6	33	92
B46(5)	Other diseases of circulatory system	53	1	—	—	—	—	—	1	1	4	10	36
B31	Influenza	11	—	—	—	—	—	—	—	1	2	6	2
B32	Pneumonia	94	—	1	—	—	—	—	1	2	5	15	70
B33(1)	Bronchitis and emphysema	52	—	—	—	—	—	—	—	2	8	23	19
B33(2)	Asthma	4	—	—	—	—	—	1	—	2	—	1	—
B46(6)	Other diseases of respiratory system	21	—	6	2	—	—	—	—	1	2	—	10
B34	Peptic ulcer	11	—	—	—	—	—	—	1	2	1	2	5
B35	Appendicitis	1	—	—	—	—	—	—	—	—	—	1	—
B36	Intestinal obstruction and hernia	5	—	—	—	—	—	—	—	—	1	—	4
B37	Cirrhosis of liver	1	—	—	—	—	—	—	—	—	1	—	—
B46(7)	Other diseases of digestive system	15	—	—	—	—	—	—	—	2	4	3	6
B38	Nephritis and nephrosis	3	—	—	—	—	—	—	—	1	—	—	2
B39	Hyperplasia of prostate	5	—	—	—	—	—	—	—	—	—	2	3
B46(8)	Other diseases of genito-urinary system	12	—	—	—	—	—	—	—	1	3	1	7
B46(9)	Diseases of skin, subcutaneous tissue	3	1	—	—	—	—	—	—	—	—	—	2
B46(10)	Diseases of musculo-skeletal system	7	—	—	—	—	—	—	1	—	2	1	3
B42	Congenital anomalies	14	4	2	3	—	1	2	—	—	1	—	1
B43	Birth injury, difficult labour, etc.	7	7	—	—	—	—	—	—	—	—	—	—
B44	Other causes of perinatal mortality	7	7	—	—	—	—	—	—	—	—	—	—
B45	Symptoms and ill-defined conditions	4	—	1	—	—	—	—	—	—	—	—	3
BE47	Motor vehicle accidents	18	—	—	1	1	1	3	1	3	3	4	1
BE48	All other accidents	22	—	1	—	—	1	1	2	2	1	2	12
BE49	Suicide and self-inflicted injuries	10	—	—	—	1	1	1	—	2	2	2	1
BE50	All other external causes	5	—	—	—	—	1	2	1	—	1	—	—

The deaths of Oxford residents registered away from Oxford are included, and the deaths of non-residents registered in Oxford are excluded from the Oxford deaths.

Births and deaths in the City, 1923—1969

Year	Population estimated to Middle of each year	Births			Total Deaths Registered in the District		Transferable Deaths		Net deaths belonging t the District			
		Uncorrected No.	Net				of Non-residents registered in the District	of Residents not registered in the District	Under 1 year		At all a	
			No.	Rate	No.	Rate			No.	Rateper 1,000 Net Births	No.	R
1	2	3	4	5	6	7	8	9	10	11	12	
1923	56,920	997	876	15.39	699	12.28	157	49	39	44.5	594	1
1924	57,260	1052	878	15.30	826	14.42	163	21	46	52.4	685	1
1925	57,090	1079	882	15.45	815	14.27	190	50	44	49.88	677	1
1926	56,800	1072	852	15.00	813	14.31	194	69	51	59.8	691	1
1927	57,050	1079	848	14.86	847	14.84	194	71	40	47.17	743	1
1928	60,800	1162	836	13.75	766	12.59	204	73	32	38.27	634	1
1929	*70,730 70,590	1265	1017	14.37	1082	15.30	216	52	65	63.91	918	1
1930	*74,000 73,810	1380	1159	15.66	966	13.08	211	48	47	40.55	803	1
1931	*80,810 80,530	1427	1216	15.04	1005	12.48	195	57	54	44.4	867	1
1932	81,260	1397	1114	13.71	1054	12.97	212	49	69	62.94	891	1
1933	83,410	1460	1140	13.67	1086	13.03	220	59	37	32.46	925	1
1934	85,800	1578	1200	13.98	1104	12.87	280	42	54	45.00	866	1
1935	88,200	1748	1344	15.24	1130	12.81	289	52	41	30.51	893	1
1936	90,140	1787	1379	15.30	1153	12.79	299	62	62	44.96	916	1
1937	92,440	1779	1343	14.53	1193	12.90	297	57	49	36.48	953	1
1938	94,090	1867	1438	15.28	1128	12.00	300	44	51	35.47	872	9
1939	96,200	1966	1340	14.02	1248	13.97	397	55	31	22.68	906	9
1940	96,570	2417	1401	14.51	1608	16.65	484	79	62	40.39	1203	12
1941	106,900	3144	1506	14.09	1584	14.82	520	64	57	34.25	1136	1
1942	104,600	3124	1615	15.41	1480	14.51	519	59	54	33.5	1020	9
1943	103,900	3166	1676	16.13	1510	14.53	482	66	55	32.82	1094	1
1944	100,370	3554	1889	18.82	1484	14.78	566	60	46	24.35	978	9
1945	98,020	2858	1683	17.17	1509	15.39	510	57	59	35.05	1056	1
1946	100,590	2970	1838	18.27	1430	14.21	476	57	60	32.64	1011	1
1947	103,210	3195	1895	18.36	1484	14.38	434	64	56	29.55	1114	1
1948	105,150	2833	1628	15.48	1328	12.63	461	40	38	23.34	907	8
1949	107,100	3022	1643	15.34	1500	14.00	506	77	44	26.78	1071	1
1950	108,200	2981	1549	14.32	1504	13.91	520	67	31	20.01	1051	9
1951	106,400	2956	1543	14.50	1608	15.11	579	83	29	18.79	1112	1
1952	107,100	2927	1557	14.55	1536	14.35	635	56	37	23.76	957	8
1953	107,000	2861	1569	14.66	1573	14.70	499	35	32	20.40	1109	1
1954	106,900	2748	1458	13.64	1584	14.82	637	33	34	23.32	980	9
1955	105,500	2832	1412	13.38	1674	15.87	709	37	28	19.83	1002	9
1956	104,500	3034	1421	13.60	1727	16.53	681	34	28	19.70	1080	1
1957 †	104,400 104,230	3247	1477	13.60	1639	15.72	641	40	28	18.95	1038	9
1958	104,100	3170	1433	13.76	1753	16.84	735	39	30	20.93	1057	1
1959	104,000	3438	1560	15.0	1847	17.38	777	47	31	19.87	1117	1
1060	104,490	3583	1549	14.83	1747	16.72	737	43	25	16.14	1053	1
1961	106,410	3828	1695	15.93	1781	16.74	760	44	30	17.70	1065	1
1962	106,560	3966	1695	15.91	1893	17.76	788	57	28	16.92	1162	1
1963	107,110	4283	1842	17.20	1971	18.40	897	59	27	14.66	1133	1
1964	108,880	4438	1872	17.19	1899	17.44	869	61	34	18.16	1091	1
1965	109,320	4553	1805	16.51	1994	18.24	1000	55	31	17.71	1049	9
1966	109,510	4636	1723	15.73	1988	18.15	934	51	28	16.25	1105	1
1967	109,350	4686	1687	15.43	1915	17.51	918	61	25	14.82	1058	9
1968	110,050	4742	1560	14.17	2088	18.97	973	75	21	13.46	1190	1
1969	109,720	4630	1523	13.9	2156	19.65	1062	61	32	21.0	1155	1

*Population birth rate. City Extended 1st April, 1929.

†Population birth and death rates. City Extended 1st April, 1957.

The rates for 1939, 1940 and 1941 are based on figures of births supplied by the Registrar Gen which are adjusted to allow for evacuation population.

Deaths from cancer (all sites) numbered 233 compared with 203 in 1968. Deaths from cancer of the lung and bronchus numbered 57 (49 male and 8 female), an increase of 5 over the previous year.

No maternal death occurred and there were no deaths from measles or whooping cough.

Residents who Died in Institutions in Oxford

	1969
United Oxford Hospitals Group	606
Oxford Regional Hospital Board Group	6
Nursing Homes and other Institutions	23
Old People's Homes (Local Health Authority)	53
Old People's Homes (Private)	7
	*695

*=32.2% of total deaths

Residents who Died away from Oxford

	1969
Regional Hospital Board Group	23
Nursing Homes and other Institutions	12
Private Houses	18
Accidents, etc.	8
	61

Non-residents who Died in Oxford

	1969
United Oxford Hospitals Group	926
Oxford Regional Hospital Board Group	6
Nursing Homes and other Institutions	22
Private Houses	7
Accidents, etc.	101
	1,062

DEATHS FROM TUBERCULOSIS

Years 1950—1969

	Pulmonary							Non-Pulmonary						
	0—	1—	5—	15—	45—	65—	Total	0—	1—	5—	15—	45—	65—	Total
1950	—	—	1	7	9	6	23	—	—	1	1	3	—	5
1951	—	—	—	3	14	7	24	—	1	—	2	1	1	5
1952	—	—	1	4	6	—	11	—	1	—	1	1	1	4
1953	—	—	—	5	8	7	20	—	—	—	1	1	—	2
1954	—	—	—	3	—	4	7	—	—	—	1	—	—	1
1955	—	—	—	2	3	5	10	—	—	—	1	1	—	2
1956	—	—	—	1	2	2	5	—	—	—	—	—	—	—
1957	—	—	—	—	4	1	5	—	—	—	1	—	—	1
1958	—	—	—	—	2	4	6	—	—	—	—	—	—	—
1959	—	—	—	3	3	3	9	—	—	1	—	1	—	2
1960	—	—	—	3	1	3	7	—	—	—	1	—	1	2
1961	—	—	—	—	3	2	5	—	—	—	—	—	—	—
1962	—	—	—	—	—	3	3	—	—	—	1	—	—	1
1963	—	—	—	1	2	4	7	—	—	—	—	1	1	2
1964	—	—	—	1	1	3	5	—	—	—	—	1	—	1
1965	—	—	—	1	—	1	2	—	—	—	—	1	—	1
1966	—	—	—	—	—	1	1	—	—	—	—	—	—	—
1967	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1968	—	—	—	—	1	—	1	—	—	—	—	—	—	—
1969	—	—	—	—	1	—	1	—	—	—	1	1	—	2

AGE AND SEX DISTRIBUTION OF CANCER DEATHS

	All ages	Under 4 weeks	4 wks. & under 1 year	1—	5—	15—	25—	35—	45—	55—	65—	75—
Male ..	114	—	—	—	—	—	—	2	10	32	33	37
Female ..	119	—	—	—	—	2	—	4	12	22	38	41
	233	—	—	—	—	2	—	6	22	54	71	78

Analysis of deaths from cancer according to the site of the disease:—

Male

	Under 4 weeks	4 wks. & under 1 year	1—	5—	15—	25—	35—	45—	55—	65—	75—
Buccal cavity and pharynx ..	—	—	—	—	—	—	—	—	1	—	—
Oesophagus ..	—	—	—	—	—	—	—	—	1	—	1
Stomach ..	—	—	—	—	—	—	—	—	5	3	6
Intestine	—	—	—	—	—	—	—	1	3	4	8
Larynx	—	—	—	—	—	—	—	—	1	—	1
Lung, bronchus ..	—	—	—	—	—	—	2	4	11	17	15
Prostate	—	—	—	—	—	—	—	—	—	—	3
Other sites ..	—	—	—	—	—	—	—	5	10	9	3
	—	—	—	—	—	—	2	10	32	33	37

Female

	Under 4 weeks	4 wks. & under 1 year	1—	5—	15—	25—	35—	45—	55—	65—	75—
Oesophagus ..	—	—	—	—	—	—	—	—	—	—	2
Stomach	—	—	—	—	—	—	—	1	—	7	5
Intestine	—	—	—	—	—	—	—	5	1	12	10
Lung, bronchus ..	—	—	—	—	—	—	—	—	2	3	3
Breast	—	—	—	—	—	—	1	5	11	6	5
Uterus	—	—	—	—	—	—	—	—	1	4	2
Other sites ..	—	—	—	—	2	—	3	1	7	6	14
	—	—	—	—	2	—	4	12	22	38	41

The following table shows the deaths from cancer under various headings for the last twelve years:—

	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969*
Buccal cavity and pharynx—												
Male	—	—	—	—	—	—	—	—	—	—	—	1
Female	—	—	—	—	—	—	—	—	—	—	—	—
Oesphagus—												
Male	—	—	—	—	—	—	—	—	—	—	—	2
Female	—	—	—	—	—	—	—	—	—	—	—	2
Stomach—												
Male	13	13	17	21	13	17	16	10	8	17	16	14
Female	9	7	16	12	15	18	13	8	9	7	8	13
Intestine—												
Male	—	—	—	—	—	—	—	—	—	—	—	16
Female	—	—	—	—	—	—	—	—	—	—	—	28
Larynx—												
Male	—	—	—	—	—	—	—	—	—	—	—	2
Female	—	—	—	—	—	—	—	—	—	—	—	—
Lung, bronchus—												
Male	35	43	40	44	53	37	44	39	45	48	46	49
Female	2	7	6	11	9	8	18	13	12	12	6	8
Breast	17	27	17	27	21	22	21	12	19	27	20	28
Uterus	6	8	8	4	5	8	5	7	7	11	5	7
Prostate	—	—	—	—	—	—	—	—	—	—	—	3
Other sites—												
Male	49	43	56	48	60	52	52	49	57	76	50	27
Female	45	54	48	47	48	42	51	56	60	51	52	33
	176	202	208	214	224	204	220	194	217	249	203	233

*Additional headings have been included to improve comparability with annual statistics published by the Registrar General.

HOSPITALISATION OF OXFORD COUNTY BOROUGH RESIDENTS, 1963–1968

A report from the Oxford Record Linkage Study

by J. A. Baldwin, M.A., M.D., Medical Director

Following last year's practice, a report on morbidity has been prepared from data collected by the Oxford Record Linkage Study, showing episodes of hospitalisation of people living in the Oxford County Borough in N.H.S. hospitals in the same and adjacent areas. The object is to indicate by comparison with earlier years trends in the ways in which Oxford residents use Oxford hospitals, together with the pattern and extent of morbidity of sufficient severity to warrant inpatient treatment.

It should be noted that, as in earlier reports, counts are of discharges from hospitals, not of persons discharged. In some conditions, such as schizophrenia, alcoholism or bronchitis, readmission may be common within a one year period, so that counts based on discharges inflate these rates and give an unrealistic view of the extent of morbidity. In other conditions such as senile psychoses and certain types of disabling chronic disease, long-term hospitalisation may be necessary. Patients entering hospital before or during the period and not discharged within it are not counted, so that in these cases rates may be underestimates of true inception. Conversely, if the hospitals concerned had succeeded in raising discharge rates of long-term patients in the period, these rates could be higher than true inception rates.

For the year 1968 an additional complication enters into the task of interpreting the figures, since this was the first year in which the Eighth Revision of the International Classification of Diseases was used for the statistical coding of diseases. There are important differences between the Seventh and Eighth Revisions which invalidate direct comparison of some categories. For the purposes of this report 1968 data have, so far as possible, been rearranged to fit into the Seventh Revision categories used in earlier reports. For subsequent years it will be necessary to rearrange data for years prior to 1968 to fit the Eight Revision in order to retain comparability. For the most part, rearrangement merely entails transfer of a well-defined sub-group from one category to another and is quite satisfactory (e.g., cerebro-vascular disease was included in nervous diseases in the Seventh Revision but is in circulatory diseases in the Eighth). In some cases rearrangement is unsatisfactory since the classification has been altered in such a way that a disorder formerly unequivocally in one category may now be split among two or more categories and *vice versa* (e.g., some psychiatric disorders). A consequence of this major change in statistical coding of morbidity is that, during the transition period between the old and new classifications, an element of uncertainty renders comparisons between years somewhat more hazardous than usual. Where caution is necessary from this cause, mention is made.

General Morbidity

Table 1 shows trends in sex specific rates per thousand population of discharges from non-obstetric beds for the broad classes of morbidity into which the International Classification is divided, while Table 2 shows comparable rates for some more specific diseases of particular interest.

Hospitalisation of infective and parasitic diseases is more common among males than females, but in 1968 there was a rise in the female rate compared with recent years so that the sexes had similar rates. Neither tuberculosis nor infective hepatitis were the cause of this change. For neoplasms females have higher hospitalisation rates than males, mainly but not wholly due to uterine fibroids. It is gratifying to note that carcinoma of the bronchus did not show a further increase over 1967 in either sex and in females carcinoma of both the breast and cervix showed definite falls. Since these are all conditions in which hospitalisation is virtually 100%, it seems possible that there was a halt in 1968 in recent increases in their incidence. Allergic, metabolic, endocrine, nutritional, and blood diseases showed increased hospital discharge rates in each sex, continuing a trend of recent years, but asthma was not the chief cause. Psychiatric disorders also continued the trend to increased hospital discharge rates in each sex, present at least since 1966. Among males rates showed definite increases for alcoholism, drug addiction and other disorders of character. The male rate for drug addiction was more than six times greater than the mean rate of the previous five years. Among females the rates for schizophrenia, senile conditions, neuroses other than depression, and alcoholism all increased. The high rate for depression of all types apparently decreased in each of the sexes, but it seems likely that this is an artefact caused by changes in the ICD rubric.

Among nervous diseases, vascular lesions of the central nervous system, always higher in females, increased in each sex. Circulatory diseases showed no definite trend in either sex. Discharge rates for respiratory diseases have tended to fall in each sex in recent years. Though male rates continue to be higher than female, the male rate in 1968 was almost as low as the female rate in 1965. In contrast, discharge rates for digestive diseases, again higher in males, were slightly higher in 1968 in each sex than in previous years. Genito-urinary disorders are more common causes of hospitalisation among females than males, and discharge rates have continued to increase for the former at least in each of the last three years.

In view of the change in the law on therapeutic abortion which came into effect in 1968, it is of particular interest that the rate for abortion, the commonest complication of pregnancy, increased to its highest level since at least 1963, but the rise was not particularly dramatic.

Hospital discharge rates in 1968 were higher than in previous years in each sex for diseases of skin, and diseases of bones and organs of movement. The latter has been a continuing trend in females, the rates always being higher than in males. Discharge rates for congenital malformations, usually lower in females, have also shown a continuing increase in this sex only, in the last three years, and in 1968 the female rate exceeded the male rate for the first time.

Accidents, violence and poisoning all show important trends in their discharge rates in recent years. In males 1968 rates were the highest for the four year period; in females accidents and violence rates increased continuously though remaining lower than in males, while the poisoning rate did not increase but remained higher than in males. Suggestive of the reasons for these trends are that fracture of the femoral neck, which is most common in the aged and in females, showed decreased rates in each sex, while fracture of the skull, spine and upper limb, and head and other injuries in females, were all at their highest at least since 1963. Most types of fracture and injury are commoner in males than females, but some types have shown noteworthy tendencies to increase in females whereas male rates have not changed in any important way.

As a whole, hospital discharge rates have increased in each sex in recent years, though females have always had higher rates than males. It cannot be emphasised too strongly that these trends do not necessarily imply increased morbidity, but may only indicate a change in the way hospitalisation is used as a means of delivering medical care. For instance, the "revolving door" policy exercised by many psychiatric hospitals can inflate discharge rates even though the number of persons hospitalised is decreasing. Even in a condition such as concussion, an increase in hospital discharge rates may not mean an increase in violence in the community so much as a greater tendency to admit cases overnight as a precaution.

Maternity

The total number of confinements decreased in Oxford women by nearly 15% between 1965 and 1968, there were nearly 10% fewer having their first babies, and about 18% fewer at special risk of complications (Table 3). The effect of opening the General Practitioner Maternity Unit adjacent to the Churchill Hospital was noted in last year's report, and it can be seen from Table 3(a) that its use has increased further at the expense of home confinements. Among primigravida, home confinements decreased relative to deliveries in Consultant and General Practitioner Units (Table 3(b)). There was a decline from one-sixth to one-ninth in the proportion of high risk cases confined at home in 1968 (Table 3(c)). The decline in home confinements, particularly in women having their first baby and at special risk for other reasons, is a favourable trend in the use of hospital services.

Accidents

Although the total number of hospital discharges after accidents rose by over 11% above 1967 figures, road accidents declined in numbers and for the third successive year in proportion of the total (Table 4). The only marked fall in numbers was in motor cycle accidents but pedestrian and motor vehicle accidents did not increase, whereas accidents to pedal cyclists did. All other types of accident showed increases in numbers and all others except home accidents in proportion also.

It must be remembered that these figures are for accidents of sufficient severity to warrant inpatient care. It may be that the proportion of severe injuries has increased in some types (e.g., at work), and decreased in others (e.g., due to increased wearing of seat belts in cars). Except in the case of motor cycle accidents, where a fall in total numbers consequent on decreased use of this form of transport may be suspected, these figures do not reliably indicate the trend in total accidents.

Conclusion

Valuable though these data are as indicators of trends in some types of morbidity in which hospitalisation is the rule rather than the exception, it must be acknowledged that inpatient figures today tell us more about the medical care system than they do about the incidence of disease in the community. Inclusion of outpatient data in the Record Linkage Study files would do much to remedy the deficiencies, but in the end, if we wish to know and understand the epidemiology of the many kinds of morbidity in which a high proportion do not reach the hospital service (and this may be an increasing proportion of some of the commonest causes of disability such as emotional disorder), information must come from more representative sources; at least from general practice.

TABLE I

Discharge rates from hospital, in each category of the International Classification of Diseases: Oxford C.B.C. residents by sex, 1965–1968

Diagnostic groups	Males				Females				Both Sexes			
	Discharge rates per 1,000				Discharge rates per 1,000				Discharge rates per 1,000			
	1965	1966	1967	1968	1965	1966	1967	1968	1965	1966	1967	1968
Infective and Parasitic Diseases	2.75	2.64	3.57	2.81	1.91	1.90	1.83	2.55	2.33	2.27	2.71	2.68
Neoplasms	5.80	8.33	9.29	8.43	10.50	10.54	14.64	13.00	8.14	9.42	11.93	10.69
Allergies, Endocrine System, Metabolic and Nutritional Diseases, Diseases of Blood and Blood Forming Organs	2.53	2.91	3.04	3.27	3.72	3.75	3.72	4.19	3.12	3.32	3.37	3.73
Psychiatric Diseases	5.22	5.46	5.67	5.84	5.11	5.33	5.90	5.97	5.17	5.40	5.78	5.91
Diseases of the Nervous System and Sense Organs	6.17	7.07	7.87	7.79	8.52	7.90	8.95	9.39	7.34	7.48	8.40	8.58
Diseases of the Circulatory System	6.66	7.52	6.90	7.18	6.24	8.03	6.58	7.38	6.45	7.77	6.74	7.28
Diseases of the Respiratory System	10.03	10.25	9.72	8.49	8.46	7.16	6.32	5.80	9.25	8.72	8.04	7.16
Diseases of the Digestive System	10.01	9.47	10.32	10.93	7.98	8.14	7.73	8.43	9.00	8.81	9.04	9.70
Diseases of the Genito-Urinary System	3.93	4.34	4.92	4.60	8.72	8.95	10.48	12.05	6.31	6.62	7.67	8.29
Complications of Pregnancy*	—	—	—	—	3.92	4.32	3.81	4.57	—	—	—	—
Diseases of the Skin and Cellular Tissue	1.29	1.14	1.63	1.76	1.49	1.13	1.31	1.56	1.39	1.13	1.47	1.66
Diseases of the Bones and Organs of Movement	3.71	3.87	3.48	4.53	4.08	4.85	5.06	5.36	3.90	4.36	4.26	4.94
Congenital Malformations	1.07	1.57	1.85	1.60	0.92	1.13	1.28	1.84	1.00	1.35	1.56	1.72
Certain Diseases of Early Infancy	0.10	0.25	0.16	0.05	0.10	0.09	0.11	0.02	0.10	0.17	0.14	0.04
Symptoms, Senility, and Ill-Defined Conditions	3.64	3.92	4.47	4.33	4.05	4.82	4.57	5.11	3.84	4.36	4.52	4.72
Accidents and Violence	12.42	10.95	12.78	12.79	7.28	7.60	8.17	9.07	9.87	9.30	10.50	10.95
Poisoning	1.55	1.93	1.83	2.28	1.86	2.12	2.61	2.61	1.70	2.03	2.21	2.44
Special Examinations and Aftercare	2.80	2.82	3.00	4.03	4.25	4.43	5.58	6.63	3.52	3.62	4.28	5.32
Total	79.7	84.4	90.5	90.7	89.1	92.2	98.6	105.5	82.4	86.1	92.6	95.8

*Causing admission to non-obstetric beds—principally abortions.

TABLE II

Discharge rates for selected conditions for residents of Oxford C.B.C. by sex, 1963–1968

Diagnostic Groups	Males						Females						Both Sexes					
	Discharge rates per 1,000						Discharge rates per 1,000						Discharge rates per 1,000					
	1963	1964	1965	1966	1967	1968	1963	1964	1965	1966	1967	1968	1963	1964	1965	1966	1967	1968
Respiratory Tuberculosis	1.04	1.30	0.74	0.63	0.89	0.70	0.43	0.50	0.31	0.42	0.43	0.33	0.74	0.90	0.53	0.53	0.66	0.52
Tuberculosis, other forms	0.35	0.26	0.16	0.11	0.47	0.23	0.45	0.18	0.24	0.39	0.15	0.26	0.40	0.22	0.20	0.25	0.31	0.25
Infective Hepatitis	0.06	0.16	0.13	0.20	0.22	0.09	—	0.02	0.04	0.07	0.13	0.02	0.03	0.09	0.08	0.14	0.17	0.05
Cancer, Bronchus	1.11	1.11	1.18	1.83	1.86	1.83	0.32	0.31	0.29	0.20	0.41	0.31	0.72	0.72	0.74	1.02	1.14	1.08
Cancer, Breast	0.02	—	0.04	0.02	0.02	0.04	1.33	1.40	1.20	1.38	2.09	1.65	0.67	0.70	0.61	0.69	1.04	0.84
Cancer, Cervix	—	—	—	—	—	—	0.56	0.63	0.68	0.90	1.44	0.62	—	—	—	—	—	—
Asthma	0.58	0.37	0.40	0.54	0.81	0.88	0.71	0.54	0.40	0.63	0.52	0.53	0.64	0.45	0.40	0.58	0.67	0.71
Depression, all forms	2.04	1.85	1.77	2.13	1.85	1.47	2.70	2.79	2.78	2.73	2.99	2.02	2.37	2.31	2.27	2.43	2.41	1.74
Schizophrenia, Paranoia	1.04	1.17	1.24	1.17	1.48	1.38	0.96	0.87	1.16	1.50	1.09	1.32	1.00	1.02	1.20	1.33	1.29	1.35
Senile, Presenile and other Psychoses	0.41	0.38	0.36	0.31	0.36	0.38	0.54	0.41	0.61	0.61	0.67	0.92	0.48	0.39	0.48	0.46	0.51	0.65
Psychoneuroses other than Depression	0.67	0.55	0.49	0.40	0.71	0.56	0.43	0.57	0.50	0.41	0.76	0.97	0.55	0.56	0.49	0.40	0.73	0.76
Alcoholism and Alcoholic Psychoses	0.52	0.38	0.62	0.56	0.85	1.08	0.11	0.17	0.17	0.13	0.20	0.29	0.31	0.28	0.39	0.35	0.53	0.69
Drug Addiction other than Alcohol	0.02	0.05	0.09	0.09	0.05	0.38	0.02	0.02	0.06	0.06	0.17	0.15	0.02	0.04	0.07	0.07	0.11	0.26
Other Disorders of Character	0.61	1.04	1.31	1.43	1.09	1.20	0.56	0.65	0.72	0.90	1.16	1.16	0.59	0.84	1.02	1.17	1.12	1.18
Vascular Lesions C.N.S.	1.00	1.24	1.09	1.23	1.41	1.76	1.84	1.49	1.53	1.37	1.68	2.59	1.42	1.37	1.31	1.30	1.55	2.17
Chronic Rheumatic Heart Disease	0.28	0.31	0.15	0.23	0.18	0.16	0.28	0.39	0.48	0.42	0.35	0.53	0.28	0.35	0.31	0.33	0.27	0.35
Coronary Disease	1.93	1.90	2.09	2.30	2.23	2.18	0.97	1.07	1.60	2.03	1.40	1.58	1.46	1.49	1.85	2.16	1.82	1.88
Other Arteriosclerotic and Degenerative Heart Disease	0.17	0.31	0.58	0.42	0.33	0.22	0.38	0.13	0.24	0.33	0.18	0.22	0.27	0.22	0.41	0.37	0.26	0.22
Bronchitis	2.01	1.94	2.37	2.46	2.61	2.19	1.05	0.87	1.07	1.02	0.83	0.81	1.53	1.41	1.72	1.74	1.73	1.51
Abortion	—	—	—	—	—	—	2.16	2.14	2.74	3.30	2.55	3.62	—	—	—	—	—	—
Phlebitis and Thrombo-Phlebitis	0.02	—	0.02	0.02	—	—	0.04	—	0.02	0.02	0.04	00 2	0.03	—	0.02	0.02	0.02	0.01
Pulmonary Embolism*	0.72	0.78	0.42	0.70	0.90	0.68	0.90	0.70	0.72	0.96	0.91	0.97	0.81	0.74	0.57	0.81	0.91	0.83
Peptic Ulcer	1.21	1.15	1.33	1.37	1.77	1.31	0.39	0.35	0.44	0.48	0.39	0.46	0.80	0.75	0.89	0.93	1.09	0.89
Fractured Skull, Spine or Trunk	1.04	1.10	1.36	1.07	1.56	1.28	0.67	0.48	0.68	0.50	0.59	0.77	0.86	0.79	1.02	0.79	1.08	1.03
Fractured Upper Limb	0.56	0.66	0.58	0.69	0.72	0.81	0.41	0.41	0.42	0.33	0.04	0.70	0.49	0.53	0.50	0.51	0.59	0.75
Fractured Neck of Femur	0·22	0.24	0.29	0.29	0.34	0.14	1.03	0.78	0.99	1.38	1.20	1.14	0.62	0.50	0.64	0.83	0.77	0.64
Other Fractured Lower Limb	0.98	1.24	1.35	1.39	1.05	1.08	0.83	0.79	0.97	1.13	0.98	0.90	0.90	1.02	1.16	1.26	1.02	0.99
Head Injuries	6.15	5.04	6.02	4.92	5.50	5.97	2.48	2.53	2.71	2.51	2.70	3.01	4.32	3.79	4.37	3.73	4.12	4.51
Other Injuries	1.24	1.72	2.09	1.70	2.64	2.59	0.83	0.92	0.96	1.14	1.46	1.58	1.04	1.32	1.53	1.42	2.06	2.09
Burns	0.33	0.40	0.45	0.52	0.42	0.32	0.36	0.35	0.24	0.17	0.28	0.35	0.35	0.38	0.35	0.35	0.35	0.34
Total	26.33	26.65	28.72	28.73	32.32	30.93	23.74	22.46	24.97	27.42	28.19	29.81	23.70	23.18	25.13	25.97	28.33	28.28

*Whether recorded as principal or secondary diagnosis.

TABLE III

Mothers Resident in Oxford C.B.C.

(a) **All births by place of booking, 1965–1968**

Place of Booking	1965		1966		1967		1968	
	No.	%	No.	%	No.	%	No.	%
Consultant Units	1,202	66.3	1,077	63.3	989	60.6	920	59.6
Consultant Units, previously booked elsewhere . .	42	2.3	56	3.3	19	1.2	45	2.9
G.P. Unit	16	0.9	62	3.6	292	17.9	304	19.7
Home	531	29.3	490	28.8	326	20.0	242	15.7
No known booking . .	21	1.2	17	1.0	5	0.3	19	1.2
No booking	—	—	—	—	—	—	14	0.9
Total	1,812	100.0	1,702	100.0	1,631	100.0	1,544	100.0

(b) **Primigravida* by place of booking, 1965–1968**

Consultant Units	510	78.5	456	71.8	390	61.5	360	60.6
Consultant Units, previously booked elsewhere . .	14	2.1	28	4.4	9	1.4	28	4.7
G.P. Unit	11	1.7	40	6.3	181	28.5	165	27.8
Home	107	16.5	101	15.9	52	8.2	29	4.9
No known booking . .	8	1.2	10	1.6	2	0.3	7	1.2
No booking	—	—	—	—	—	—	5	0.8
Total	650	100.0	635	100.0	634	99.9	594	100.0

*1965 single births only
1966–1968 single and multiple births

(c) **High risk cases* by place of booking, 1965–1968**

Consultant Units	491	76.4	456	74.3	461	77.0	400	76.0
Consultant Units, previously booked elsewhere . .	10	1.6	15	2.4	1	0.2	13	2.5
G.P. Unit	3	0.5	6	1.0	43	7.2	48	9.1
Home	131	20.4	132	21.5	90	15.0	58	11.0
No known booking . .	8	1.2	5	0.8	4	0.7	5	1.0
No booking	—	—	—	—	—	—	2	0.4
Total	643	100.1	614	100.0	599	100.1	526	100.0

*1965 and 1966 single births only
1967–1968 single and multiple births
Includes: (1) Mothers aged 35+ regardless of parity
(2) Mothers aged 30–34, parity 0
(3) Parity 4+ (other than 1)
(4) Past obstetric history of stillbirth
(5) Past obstetric history of miscarriage
(6) Past obstetric history of Caesarean section
(7) Past obstetric history of toxaemia

TABLE IV

Discharge of accident cases by circumstances of injury, 1965–1968

Circumstances of Injury	1965		1966		1967		1968	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Road—Motor Vehicle ..	106	12.3	65	8.7	80	9.2	80	8.3
Road—Motor Cycle ..	72	8.4	81	10.9	76	8.7	50	5.2
Road—Bicycle	87	10.1	45	6.0	71	8.2	84	8.7
Road—Pedestrian ..	86	10.0	78	10.5	70	8.1	67	6.9
Road Accident—not traffic	2	0.2	8	1.1	5	0.6	7	0.7
All Road Accidents ..	353	41.0	277	37.2	302	34.8	288	29.8
Work/School	35	4.1	51	6.9	79	9.1	105	10.8
Home	163	19.0	187	25.2	228	26.2	252	26.0
Sport/Playground ..	36	4.2	48	6.5	78	9.0	91	9.4
*Deliberate Violence ..	—	—	—	—	21	2.4	37	3.8
†Other and Not Known	273	31.7	180	24.2	161	18.5	196	20.2
Total	860	100.0	743	100.0	869	100.0	969	100.0

*Coded from 1967 onwards

†Includes Concussion, Foreign Body; excludes Poisoning

SECTION III

GENERAL HEALTH SERVICES

(a) FLUORIDATION

Department of Health and Social Security Circular 8/69 enclosing the report compiled by the Committee on Research into Fluoridation entitled "Fluoridation Studies in the United Kingdom and the Results Achieved after Eleven Years" was received in July. This report which extends and supplements the five-year Report on the Conduct of Fluoridation Studies in the United Kingdom published in 1962 gave further conclusive evidence in favour of the benefit of fluoridation of public water supplies. At the same time, Ministry of Housing and Local Government Circular 43/69 was received and also a letter from the Secretary of State for Social Services addressed to the Lord Mayor. Unfortunately, these important documents arrived at a time when it was already clear that the local financial situation was even more acute than last year. It was decided to defer the matter until consideration of the departmental estimates for the next financial year. In the event it proved to be virtually a standstill budget and, therefore, no action was possible with regard to fluoridation.

(b) HEALTH CENTRES

A. **In Operation at the beginning of the year**—Blackbird Leys (1960), East Oxford (August 1967) and Summertown (August 1967)

These three health centres are now well-established. They function satisfactorily and give rise to very few problems. Doctors, staff and patients all appear to be very happy with this modern way of providing community health services. The well-equipped treatment room at the East Oxford Centre has again been put to good use, to the benefit of patients and the professional satisfaction of the doctors, who must have saved the hospital service a considerable amount of work.

The charges to doctors using the East Oxford and Summertown Centres have continued to operate on an estimated basis pending further experience of actual costs.

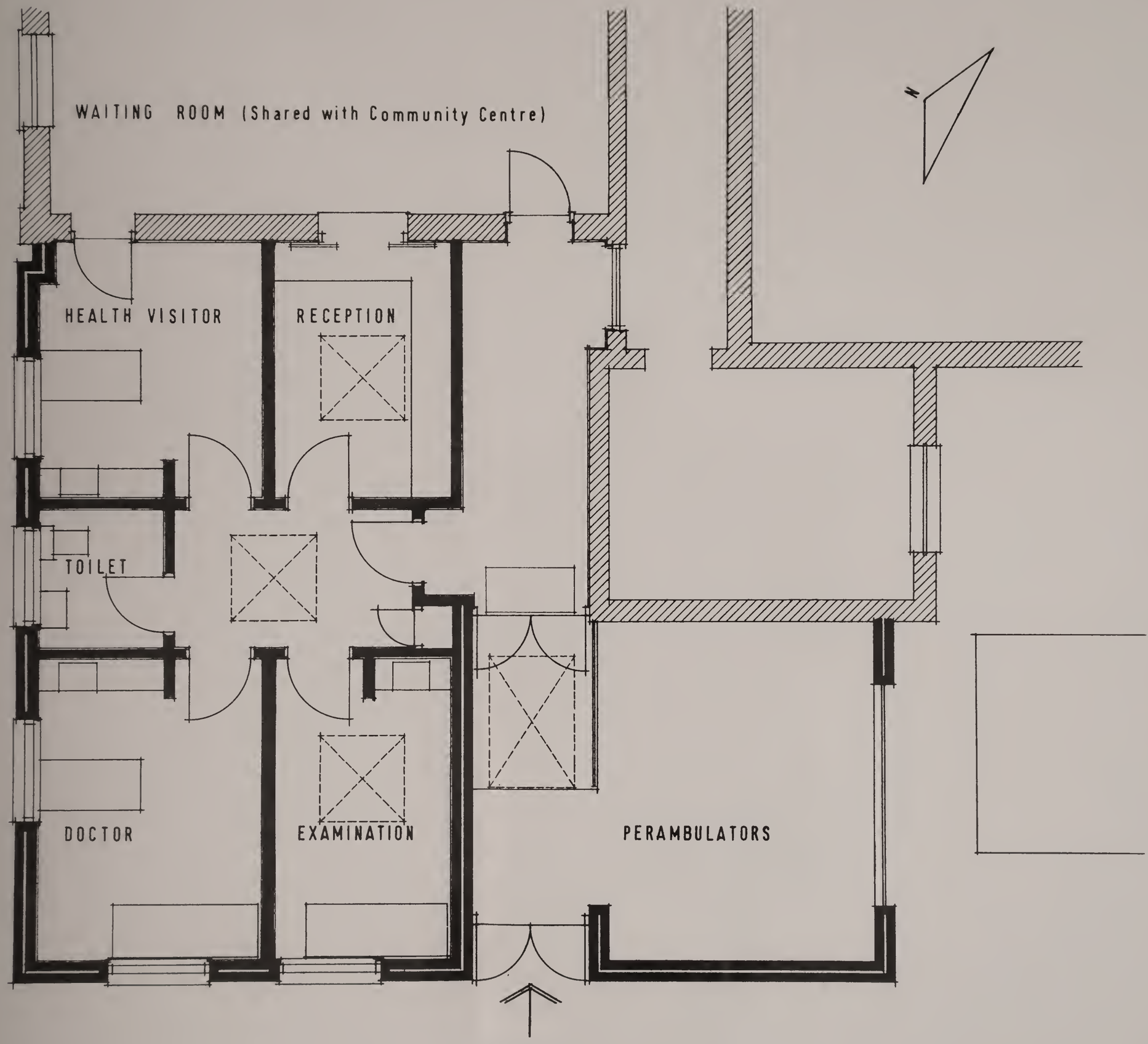
The flood of visitors from this country and abroad has continued unabated.

B. **Opened during 1969**—West Oxford (July) and Wood Farm (October)

These two small health centres, which both provide combined general practitioner and local authority services, were officially opened by the Lord Mayor, Alderman P. D. Bromley, on 6th November. It was particularly appropriate for this duty to be undertaken by the present Lord Mayor as Alderman Bromley has been a member of the Health Committee since 1952.

WEST OXFORD HEALTH CENTRE

WEST OXFORD HEALTH CENTRE
BINSEY LANE, OXFORD.



GROUND FLOOR
PLAN.

Scale 0 1 2 3 4 5 6 7 8 9 10 20 30 40 Feet

In opening the West Oxford Health Centre, the Lord Mayor said:

"Ladies and Gentlemen,

I am aware that the opening of the two health centres today is something which does not really require a great deal of ceremony and certainly not a long speech from me. I must say that I agree with this, since the centres are open for our inspection and we can all see the facilities which are being provided and judge for ourselves how useful they are likely to be. It would, however, be very remiss of me if I did not add my own thanks to all those who have brought the City's health centres to the stage where they now are, and to offer them my unqualified support for the ventures they have in future.

This particular centre—the West Oxford Health Centre—is the result of hard experiment and experience. We are now in November 1969 but we must go back to 1965 to find the germination of the idea which has resulted in our being here this morning. The Community Centre here was used just as it is, as a branch surgery for a local general practitioner in 1965, and this was followed at the end of 1966 with the City Health Department commencing a weekly child health clinic in the same premises. The very success of this early experience soon showed that the Community Centre could not be expected to cope with all the demands on it from the medical profession and so we had a most happy arrangement. A planned extension to the Community Centre has been built, designed by the City Architect, and we have not simply a completely separate extension but one which is integrated as far as possible with the Community Centre itself. For example, you will see that the Community Centre's committee room makes an excellent waiting room for the surgery itself. As I have said, you can see these things for yourselves and form your own judgement, but this is an occasion when I can say that the faith which our Medical Officer of Health and the City Health Committee have placed in the future of these centres has been more than justified. It has not been an easy road; there are always some who prophesy disaster, but far from this, we are, I think I am right in saying, the best equipped of any City for its population in the country for health centres of this sort. We have, in fact, five, and the experience we have gained is leading us to build another at Jericho and to convert the Donnington Clinic into a health centre. There are also plans for an extension to the East Oxford Health Centre and for new purpose-built health centres for the Headington and Cowley areas. I would like to say that this difficult period of experiment is now well over; the tremendous help these centres are is firmly established, and the way is now clear for Oxford City to continue its lead to the country in the provision of facilities which can only help all sections of the community to benefit in every possible way in their medical care.

I should like, therefore, to declare the West Oxford Centre duly opened and with it go my congratulations to everyone concerned with its provision and our best wishes for its future."

The West Oxford Health Centre was planned on the basis of a purpose-built extension to the existing Community Association building (formerly a school) situated in Binsey Lane. This was already being used by a local general practitioner as a branch surgery for her patients in West Oxford, as well as by the local authority for a weekly child health clinic. The Community Centre, although well-sited to serve the area, was not very suitable for either clinic purposes or a doctor's surgery. Work on the extension started in January and by mid-July the building was completed and furnished at a total cost of £7,500.

The new wing has its own entrance and the accommodation includes doctor's surgery with separate examination room, receptionist's office, health visitor's room, staff toilet accommodation and pram shelter. The adjacent Community Association committee room serves both as a comfortable surgery waiting room and clinic advising room. A daily morning surgery is held (five sessions per week) and a weekly child health clinic is taken by a local authority doctor. Facilities exist for school health, family planning and cervical cytology clinics and for health education as required. The practice health visitor uses the centre as her headquarters.

In opening the Wood Farm Health Centre, the Lord Mayor said:

"Ladies and Gentlemen,

For the second time today I have the privilege and pleasure of opening a health centre. As I hoped I did this morning, I opened the health centre quite informally. The situation is virtually the same this afternoon because everyone present can see for himself the actual centre which has been constructed and can judge for himself the likelihood of the success it will be. But whereas this morning I was able to convey the congratulations to everyone concerned, particularly the City Architect and the Medical Officer of Health for the obviously hard work and the foresight which had gone into the centre, I am this afternoon completely convinced, having seen two such centres now, that the faith which the City Health Committee and its advisers placed in the conception of such centres has been so amply justified. As is often the case when new ideas are mooted, there are the doubters and the faint-hearted. This did not deter the City Health Committee from keeping faith with their own conviction that it would not be long before these centres amply proved themselves and became a necessity for the welfare of all citizens in all walks of life. This particular centre has, of course, been constructed with the particular needs of the Wood Farm and Slade Park areas in mind, but no effort has been spared to make it expandable into whatever services may

WOOD FARM HEALTH CENTRE

WOOD FARM HEALTH CENTRE

be required in the future. I can assure you that the City Council is delighted to have the co-operation of the medical prcfession in these centres now that they have overcome their traditional conservatism, and that we can all work together to the benefit not only of the profession but of the citizens of Oxford as a whole.

I do offer warmest congratulations to everyone concerned in the provision of this centre, and to assure them that past trials and tribulations should now be over, and we can look forward to a period of expansion of the medical services in this City which will certainly be bettered by none in the country and, I venture to say, equalled by very few."

The Wood Farm Health Centre is a new purpose-built single storey structure. It replaces the old and dilapidated Slade Park Clinic premises as an early part of the redevelopment of the Slade Park estate. The building was constructed as a clinic but designed in such a way that it could be used for general practitioner surgery purposes if required. Happily, in the event, this provision proved to be justified, and one practice serving the area now holds two surgery sessions a week.

The centre is situated at Fifth Avenue, Wood Farm, close to a bus stop on The Slade and with its own large car park. The premises consist of a receptionist's office, surgery, examination room, health visitor's office, and toilets, all opening off a waiting room, which itself leads into a large combined clinic and health education room. There is a small kitchen and a separate room for the playgroup which meets every morning. An extra general purpose room has also been provided to serve as a second doctor's surgery or health visitor's office, and is already used by the Chiropodist for his two weekly clinics.

A weekly child health clinic is held and there are facilities for school health, family planning and cervical cytology clinics as required. A Mother's Club is held weekly. The practice health visitor uses the health centre as her headquarters.

The total cost of the building, including furnishing, was £23,000.

C. **In Course of Construction**—Jericho (planned to open January 1971)

This health centre, sited immediately to the north of the junction of Walton Street and Cranham Street, will provide main surgery accommodation for three local practices, together with accommodation for attached local authority nursing staff. The clearing of the site, preparatory to building, took place towards the end of the year.

D. **Plan Completed**—Donnington (Capital programme 1972/73)

The scheme for the conversion of the existing Donnington Clinic premises into a health centre to serve the Iffley Road area was accepted by all concerned. Accommodation will be provided for the three practices serving the area, partly in a new wing and partly by alteration to the

existing clinic premises. The scheme had been programmed for the financial year 1970/71, but as a result of the acute financial situation this has been put back for two years until 1972/73. This delay was a great disappointment, and the largest of the three practices concerned indicated that they could not wait as long as this, because of the inadequacy of their present surgery premises. As a result, an interim scheme has been prepared to make it possible for this particular practice to use the existing building after a few minor alterations pending the completion of the health centre scheme in two years time. It is hoped that this interim scheme will come to fruition during the summer of next year.

E. **Future Programme**—East Oxford extension (1973/74), Headington (1974/75) and Cowley (1975/76)

It is most disappointing that the whole health centre programme has been put back by two years because of the economic situation and the resultant rephasing of the overall capital programme for the City.

The East Oxford extension scheme will include more accommodation for the two partnerships already practising from the centre as well as providing main surgery accommodation for a third partnership practising in the area.

The United Oxford Hospitals have made available a very suitable site in the grounds of their New Hospital for a health centre to serve the Headington area. This health centre will undoubtedly play a most important role in the teaching of medical students and it is of great importance that it should be provided as soon as possible.

A good corner site is available at the junction of Oxford Road and Temple Road for the Cowley centre.

When these three further health centres (two to serve areas of the City so far without such facilities) have been provided, consideration will have to be given to the construction of a purpose-built health centre to serve the Summertown area. This would replace the temporary health centre at 160 Banbury Road.

There is also a need for a central health centre, but the provision of this is fraught with difficulty.

F. **Clinic Premises used as General Practitioner Surgeries**—Northway (1955), Minchery Farm (1958), South Oxford (1966) and Bury Knowle (1968)

There have been no changes at Northway (two practices and four sessions), Minchery Farm (two practices and three sessions), South Oxford (one practice and two sessions) and Bury Knowle (one practice and six sessions). These are all examples of making the best possible use of existing clinic premises.

(c) AMBULANCE SERVICE

Report by Mr. C. R. Lawrence, Chief Ambulance Officer

Administration

The administration of the Oxford City and County Joint Ambulance Service continues to function efficiently and effectively. During the year a Local Joint Committee consisting of representatives of the County Council, City Council, Oxford Ambulance Service Branch of the National Union of Public Employees and the National and Local Government Officers Association, was constituted. The function of this Local Joint Committee is to secure the greatest measure of co-operation between Employer and Employee in increasing efficiency of the Service given to the public by the Joint Ambulance Committee together with the well being of those employed. Time is young as yet but there is every indication that the Local Joint Committee will be a successful and useful step in the right direction.

Stations

The location of the Ambulance Stations remain the same. Committee considered a report submitted to the Health Committee of the County Council by the County Medical Officer that through increasing population, increasing proportion of old persons in the population, increasing demands upon the Ambulance Service from Day Hospitals, day surgery and work load of the district general hospital the present Ambulance Service, particularly in Banbury, was being stretched to its limit. Committee agreed to allow for the expansion of the Service in the Banbury Area in their 1970/71 estimates.

Vehicles

Under the annual replacement programme, five stretcher ambulances and five sitting case vehicles were ordered. Redundant vehicles are offered to schools and other sections of the two authorities at independant assessor's valuation; the waiting list for these vehicles grows year by year.

Staff

During the year a start was made in Training of Ambulance Staff as recommended in the Report by the Working Party. The Hampshire Training School at Bishops Waltham is used and reports of students returning are most satisfactory. It appears that the men are enthusiastic to improve their knowledge and whilst at the moment only those with under five years service are being sent to the School, demands from staff with up to twenty years service are being received to attend the School. Naturally the person with this type of service feels that before long the newer entrant to the service will hold better qualifications and be in a position to "give orders".

The introduction of a Productivity Scheme (as set out in Circular N.M. 192A) has been considered for the Ambulance Driver/Attendant. The Chief Ambulance Officer and Principal O. & M. Officer of the County Council attended a study on this subject at Bishops Waltham, and following a report the Joint Ambulance Committee has authorised the County Council O. & M. section to include the Ambulance Service on their schedule of productivity investigations.

Location of stations and establishment

Location	Vehicles		Staff	
	Ambulance	Sitting Case Vehicle	Driver/ Attendant	Leading Driver Sub. Officer
Oxford City ..	12	14	50	6
Banbury	4	5	16	4
Bicester	1	1	4	1
Chipping Norton	1	1	4	1
Crowmarsh ..	1	—	2	—
Henley	2	3	7	1
Thame	1	1	4	1
Witney	2	1	7	1
Spare Vehicles ..	4	1	—	—
Total ..	28	27	94	15

Patients carried and mileage travelled

Table I shows the work carried out during the year whilst Table II shows a comparison of work over the past six years.

Statistics shown in Table II are very interesting. Comparison of the last three years would indicate that at last the peak has been reached and that demands upon the Service are now levelling out.

The gross total patients conveyed during 1969 shows an increase of only 78 over the 1968 figure and a reduction of 865 on the 1967 figure.

Gross mileage travelled during 1969 shows a reduction of 20,445 miles on the 1968 figure. The reduction of 33,400 miles travelled by the Hospital Car Service and Contract Hire Cars can be partly attributed to greater use of the mini-bus type of transport and partly by the more efficient loading of the Hospital Car.

It will be interesting to look forward to the 1970 statistics to see if this type of pattern is maintained; if so, one can fairly confidently say at last we have reached the peak.

Table I

Quarter 1969	Ambulance		Sitting Case		Ambulance Service Vehicles Sub-total		Hospital Car Service Vehicles		Contract Car Vehicles		H.C.S. & Contract Hire Vehicles Sub-total		Gross Totals	
	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles
March ..	17,031	117,633	26,731	103,010	43,762	220,643	16,186	185,621	21,219	146,857	37,405	332,478	81,167	553,121
June ..	16,010	113,504	27,154	103,819	43,164	217,323	15,632	174,204	18,762	125,825	34,394	300,029	77,558	517,352
Sept. ..	15,255	118,110	27,268	107,833	42,523	225,943	14,505	165,693	15,497	119,085	30,002	284,778	72,525	510,721
Dec. ..	16,382	123,809	26,678	99,290	43,060	223,099	15,124	171,480	20,355	145,876	35,479	317,356	78,539	540,455
Total ..	64,678	473,056	107,831	413,952	172,509	887,008	61,447	696,998	75,833	537,643	137,280	1,234,641	309,789	2,121,649

Table II

Year	Ambulance Service		H.C.S. & Contract Car		Gross Total	
	Patients	Miles	Patients	Miles	Patients	Miles
1964	119,811	728,339	90,061	874,342	209,872	1,602,681
1965	135,381	746,729	103,989	970,832	239,370	1,717,561
1966	157,702	799,727	128,525	1,146,689	286,227	1,946,416
1967	166,464	870,177	144,190	1,296,432	310,654	2,166,609
1968	172,323	873,961	137,383	1,268,133	309,706	2,142,094
1969	172,509	887,008	137,280	1,234,641	309,789	2,121,649

(d) DOMICILIARY NURSING SERVICES

(Dr. Gray)

(i) HEALTH VISITING

1. Staff

A full establishment of health visitors has been maintained throughout the year. Half the members of the staff have now been in Oxford for eight years or more. This promotes stability and continuity which are vital components of a health visiting service. The valuable contribution made by health visitors working under contract for the City following their year's training course must also be recorded. Regular meetings of the health visitors are held at which various aspects of the activities of the department and future policies are discussed, and at which representatives from other Departments are invited to speak about their work in the community.

The Superintendent Nursing Officer has continued to serve on the Nursing Education Advisory Committee of the United Oxford Hospitals, the Public Health Nursing Officers Committee at the Oxford Regional Hospital Board, and the Old People's Welfare Committee of the Council of Social Service, all of which enables the local authority nursing staff to gain knowledge of professional developments in other spheres.

In May Miss Gladys Davies retired after 31 years service as a health visitor in the City, the last six as Deputy Superintendent. Her conscientious and valued work will be greatly missed, particularly by the mothers and babies of the City.

The attachment of domiciliary staff to general practice continues to attract interest and many visitors have again visited the department to observe the scheme in operation.

2. Home visits by health visitors during the year

The following table shows the visits made during the year:—

To expectant mothers	1,038	2.5%
To children born in 1969	6,867	61.5%
To children born in 1968	5,550	
To children born in 1964–1967	13,006	
To persons aged 65 years or over	7,889	19%
To mentally disordered persons	1,294	3%
To persons discharged from hospital (other than mental hospitals or maternity homes)	237	14%
To tuberculous households	107	
To households visited on account of other infectious diseases	391	
Other cases	4,869	
	41,248	

Comments on these figures

(i) All the visits were "effective" visits.

(ii) Visits to expectant mothers are mainly to hospital booked mothers. The number of deliveries in hospital to City mothers was 1,009, so that 1,038 visits during the year represents a reasonable coverage.

(iii) There was a decrease in the number of visits paid to children under the age of five years—25,423 compared with 27,169 last year. This slight decrease, as does that of the visits to expectant mothers, reflects the continuing fall in the birth rate.

(iv) Persons aged 65 years and over (1,750) were visited by health visitors on 7,889 occasions. Many of these visits, although time-consuming are extremely worthwhile in helping to keep the elderly person mobile in his own home. The health visitor plays an important role where matters of health and diet require attention and in giving supportive help and advice to the family with the difficult elderly relative. Not infrequently she is concerned with the personal care of the elderly patient before or after his discharge from hospital, an aspect of her work which demands the closest liaison with the hospital medical social worker, the family doctor and the welfare division. These visits have slightly increased since 1968.

(v) A greater number of visits were undertaken to mentally disordered persons. This is regarded as an indication of the important role of the family doctor in the care of such patients in the community.

(vi) Support is also of much value following discharge from hospital. This work necessitates the closest co-operation with the various relevant sections of the health department and the hospital as well as the family doctor It is pleasing to be able to record the excellent relations which exist between all three sections of the Health Service in this respect.

(vii) Other duties include the investigation of certain infectious diseases, postnatal follow-up and visits to newly arrived long-stay immigrants notified by Port Health Authorities.

(viii) Comments on the work of the health visitors attached in a part-time capacity to the Chest Clinic will be found in the Infectious Diseases section of this report.

3. Health visitors work amongst immigrants

Health visitors have continued to keep a record of all immigrant and alien births occurring in their practices. The following table shows the number of children of each nationality born in the City during the past three years. (This does not take into account early neonatal deaths or babies boarded out direct from hospital by the Children's Department).

	1967	1968	1969
Total births	1,379	1,435	1,383
West Indian	85	57	51
Indian	10	24	23
Pakistan	63	50	62
African	9	14	13
Other Commonwealth Countries	7	12	23
Italian	10	21	10
Spanish	6	14	9
German	3	3	6
U.S.A.	4	22	11
Others	34	55	52
Total immigrant and alien births ..	231	272	260
% immigrant and alien births ..	16.6%	18.9%	18.8%

A total number of 2,213 visits was paid by health visitors to these families compared with 1,942 last year.

Immigrant births tend to be concentrated in a few areas of the City. For example one health visitor visited 24 immigrant births out of a total of 44 (19 out of 46 in 1968) and another health visitor visited 43, including 29 Pakistani and 10 Indian babies out of 69 births (35 out of 75 last year). There was a decrease in the number of alien births, 88 compared with 115 in 1968.

4. Liaison with hospitals

Frequent contact between hospitals and health visitors is maintained. Different health visitors regularly attend the paediatric and asthma clinics and make two rounds of the maternity wards each week. One health visitor also undertakes liaison work with the venereal diseases clinic, and another with representatives of other Departments, talks of her work to each new intake of student nurses at the United Oxford Hospitals.

5. Work at child health clinics

One or more health visitors were present at all the 1,595 child health clinic sessions, including the 777 sessions restricted to practice patients.

6. Teaching and Health Education

Health visitors take part in the professional teaching undertaken by the Health Department, including the practical instruction of medical students, student health visitors, pupil midwives, student district nurses, student child care officers and sociology students, nursery nurses and nurses in training at the United Oxford Hospitals.

Some organise Mothers Clubs, partake in the activities of Parentcraft Classes, visit and assist Pre-school Playgroups and participate in the programmed teaching of "Personal Relationships" in Secondary Schools.

7. Refresher Courses

An effort is made to send members of the staff on refresher courses every five years. This year one health visitor attended such a course at Liverpool and the Superintendent Nursing Officer attended a four-day course at Chiswick Polytechnic for Supervisors of Playgroups.

8. Health Visitor Training

Four students were sponsored by the City for the course commencing in September at the College of Technology, but one of these has subsequently withdrawn. The five students of the previous year were all successful in gaining their Health Visitors' Certificate and three are now working in the department. The City is fortunate in being able to maintain a full establishment mainly from amongst its own students.

(ii) DISTRICT NURSING

1. Staff

It is pleasing to report that the service has been well staffed throughout the year. On December 31st the position was as follows:—

Administrative

Superintendent Nursing Officer	1	(jointly with health visitors
Deputy Superintendent	1	
Senior District Nurses	3	

District Nurses full-time

State registered with district training	9
State registered without district training	6
State enrolled with district training	2
State enrolled without district training	2

District Nurses part-time

State registered with district training	2	equivalent to 3 full-time nurses
State registered without district training	6	
Nursing Aides	4	equivalent to two full-time assistants

During the year Miss M. G. Symonds received the Queen's Institute Long Service Badge after 21 years of valued and conscientious service as a Queen's Nursing Sister.

2. Equipment

The use of pre-packed and sterilised equipment has continued throughout the year. This service enables district nurses and midwives to maintain nursing techniques of a high standard of efficiency and hygiene and contributes to a considerable saving of time.

3. Cases nursed during the year

The following table shows the source of new patients during the year and includes figures for the three previous years for comparison:—

	1966	1967	1968	1969
General practitioners	2,273	1,996	1,924	1,854
Hospitals	104	129	151	124
Direct application	20	24	27	41
Other sources	6	18	19	35
	2,403	2,167	2,121	2,054

There has been a slight decrease in the number of new patients referred for district nursing, but the number coming from "other sources" has increased as have those by direct application. This indicates the general increasing awareness of the community facilities available by the public. Some "other source" referrals have been mainly from health visitors.

The number of cases nursed and visits paid in different categories and ages is shown in the following table:—

Classification of patients nursed during the year

	Number of cases attended				Number of visits			
	Under 5 years	5–64 years	Over 65 years	Total cases	Under 5 years	5–64 years	Over 65 years	Total visits
Medical	64	633	1,248	1,945	265	7,569	35,637	43,471
Surgical	15	325	243	583	80	4,309	7,533	11,922
Infectious diseases	—	1	—	1	—	6	—	6
Tuberculosis	—	30	3	33	—	1,092	69	1,161
Maternal complications	—	18	—	18	—	168	—	168
	79	1,007	1,494	2,580	345	13,144	43,239	56,728

Patients (included in the above table) who received more than 24 visits during the year:—

Patients	*Visits*
544	39,887

Also included in the above table were 385 visits paid in the late evening, 306 of which were for giving sedatives and 79 for other purposes.

Comments on these figures

New cases nursed during the year show a decrease of 89 compared with 1968 and the total number of visits paid to patients in their own homes decreased by 2,213. This overall decrease is more than offset by the increase of work done by district nurses at doctors' surgeries, which amounted to 6,360 visits in 1969 as against 4,827 in 1968.

Visits to the elderly accounted for 76% of the total (75% in 1968). There was again very little call for attendance on children under the age of 5 years, and in fact only 0.6% of all visits were to patients in this category.

There was a slight increase in the number of visits paid to tuberculous patients, 1,161 compared with 1,029 last year.

The number of patients requiring more than 24 visits during the year decreased from 571 last year to 544. The total number of visits required by these patients decreased from 41, 643 to 39,887. There was thus a reversal of the spiral trend of recent years.

Types of treatment given

The following table shows the treatments given during the past four years:—

	1966	1967	1968	1969
Injections—				
(1) Insulin	3,905	4,729	4,958	4,987
(2) Streptomycin	2,674	2,280	1,526	1,529
(3) Penicillin and other antibiotics	5,544	3,793	2,840	2,149
(4) Any other injections	10,359	9,316	9,468	8,284
Baths	6,415	6,899	7,225	9,287
Dressings	11,121	12,931	12,130	12,221
Enemas and bowel washouts	1,256	1,508	1,698	1,878
Genito-urinary treatments	889	1,017	923	793
General nursing care	17,721	17,071	18,723	14,738
Any other treatments	1,093	1,787	2,088	2,722
	60,977	61,331	61,579	58,588

There was a decrease in the total number of treatments given compared with the three previous years. The administration of injections accounted for 30% of all visits. The number of insulin injections given by nurses has remained virtually the same in spite of the fact that self-administration by patients is encouraged.

More baths were undertaken by the nursing service and there was again an increase in the number of enemas and bowel washouts, while on the other hand the number of visits recorded for general nursing care decreased considerably.

To alleviate the general case work-load of the trained district nurse four part-time "nursing aides" are attached to a group of nursing teams. These unqualified assistants are accompanied by trained personnel on their initial visits to patients, and are also given a series of in-service training lectures and demonstrations by senior nurses of the service. Their assistance in the daily task of caring for the patient in his own home has proved invaluable, releasing the trained nurse for more technical and highly skilled work. This scheme which started experimentally last year became official on April 1st and it is hoped that it may be extended in the future.

The type of work undertaken by the nursing aides (included in the total figures for 1969) is as follows:—

Baths	4,318
General care ..	633
Dressing	230
Care of feet ..	59
	5,240

An analysis was made of "other injections" and includes figures for the three previous years for comparison:—

	1966	1967	1968	1969
Iron	1,472	1,140	1,488	1,627
Vitamin	3,016	3,004	3,506	3,250
Diuretic	3,817	3,038	2,331	1,029
Sedatives	377	388	548	695
De-sensitising	166	184	104	55
Gland extract and hormonal	1,324	1,441	1,337	1,405
Prophylactic inoculations	187	121	154	223
	10,359	9,316	9,468	8,284

Arrangements whereby nurses can treat ambulent patients at the surgeries have continued. At the end of the year seven nurses attended at six surgeries, two Health Centres and at Bury Knowle clinic premises which is used as a branch surgery by one practice.

Analysis of the work undertaken by these nurses is shown in the following table:—

Classification of patients

	Number of cases				Number of visits			
	Under 5 years	5–64 years	Over 65 years	Total cases	Under 5 years	5–64 years	Over 65 years	Total visits
Blackbird Leys Health Centre *Commenced* 1960 *Daily* 4 *p.m.*								
Medical	24	148	6	178	65	356	15	436
Surgical	71	358	1	430	104	723	6	833
Tuberculosis	—	2	—	2	—	214	—	214
Maternal complications ..	—	1	—	1	—	9	—	9
	95	509	7	611	169	1,302	21	1,492
Summertown Health Centre *Commenced September* 1967 *Daily* 11 *a.m. and* 4.30 *p.m.*								
Medical	3	135	27	165	3	481	78	562
Surgical	15	92	18	125	24	328	185	537
Tuberculosis	—	2	—	2	—	50	—	50
Maternal complications ..	—	1	—	1	—	4	—	4
	18	230	45	293	27	863	263	1,153
Manor Road Surgery *Commenced November* 1964 *Daily* 4.30 *p.m.*								
Medical	3	254	10	267	3	608	79	690
Surgical	5	150	15	170	8	328	72	408
Tuberculosis	—	1	—	1	—	25	—	25
Maternal complications ..	—	1	—	1	—	1	—	1
	8	406	25	439	11	962	151	1,124
Surgery, 12 *Old High Street, Headington* *Commenced February* 1965 *Monday and Wednesday at* 5.45 *p.m.*								
Medical	5	382	18	405	5	752	73	830
Surgical	4	40	—	44	5	67	—	72
Maternal complications ..	—	1	—	1	—	2	—	2
	9	423	18	450	10	821	73	904

Classification of patients (continued)

	Number of cases				Number of visits			
	Under 5 years	5–64 years	Over 65 years	Total cases	Under 5 years	5–64 years	Over 65 years	Total visits
Surgery, 274 Iffley Road *Commenced September 1966* *Tuesday and Thursday at 5 p.m.*								
Medical	1	373	41	415	1	630	74	705
Surgical	3	44	5	52	3	69	7	79
Tuberculosis	—	4	—	4	—	19	—	19
	4	421	46	471	4	718	81	803
Surgery, 164 Oxford Road, Cowley *Commenced October 1968* *Daily 10.30 a.m.*								
Medical	1	50	2	53	1	194	44	239
Surgical	10	127	5	142	23	394	23	440
Tuberculosis	—	1	—	1	—	107	—	107
	11	178	7	196	24	695	67	786
Surgery, 58 Hollow Way, Cowley *Commenced November 1969* *Tuesday 10.30–11.30 a.m.*								
Medical	—	9	1	10	—	15	1	16
Surgical	—	1	2	3	—	4	6	10
Bury Knowle Clinic Premises, Headington *Commenced January 1969* *Wednesday, 10.30–11.30 a.m.*								
Medical	—	28	16	44	—	30	16	46
Surgical	—	2	3	5	—	2	3	5
Surgery, 44 St. Giles' *Commenced November 1969* *Thursday, 10.30–11.30 a.m.*								
Medical	—	20	1	21	—	20	1	21
	—	60	23	83	—	71	27	98

Types of treatment given

	Blackbird Leys Health Centre	Summertown Health Centre	Manor Road Surgery	Surgery, 12 Old High Street, Headington	Surgery, 274 Iffley Road	Surgery, 164 Oxford Rd., Cowley	Surgery, 58 Hollow Way, Cowley	Bury Knowle Clinic Premises Headington	Surgery, 44 St. Giles'
Injections:—									
Streptomycin	234	50	53	—	19	108	—	—	—
Penicillin & other antibiotics	86	42	40	10	13	22	—	—	—
Iron	66	100	45	11	47	11	4	—	—
Vitamin	16	93	291	34	82	129	4	2	1
De-sensitising	5	149	5	38	3	33	—	5	—
Sedatives	14	12	—	—	2	—	—	—	—
Diuretic	2	—	2	—	—	—	—	—	—
Gland and hormonal ..	86	55	45	1	22	11	—	—	—
Prophylactic inoculations ..	60	74	223	350	306	38	8	20	19
Dressings	830	537	403	73	80	441	9	1	—
Enemas and bowel washouts	—	—	1	—	—	—	—	—	—
Genito-urinary treatment ..	—	3	4	—	1	1	—	1	—
Ear syringing	33	56	—	81	87	—	—	21	1
Cervical cytology	—	—	—	118	59	—	—	—	—
Antenatal examinations ..	—	—	—	20	—	—	—	—	—
Haemoglobin estimations ..	—	—	—	34	—	—	—	—	—
Blood pressure estimation, urinalysis and weighing ..	—	—	—	101	13	—	—	—	—
Miscellaneous	65	—	16	33	70	—	2	2	—
	1,497	1,171	1,128	904	804	794	27	52	21

4. Training School

Two courses of training were held during the year. The examination was taken by 27 students, 26 of whom passed at the first attempt.

The students were classified as follows:—

Staff students	6
Students sent by other Local Health Authorities ..	21
	27

For the staff sent by nearby authorities, attendance at East Oxford Health Centre for one and a half-days study and demonstration per week is required. Practical in-service training is carried out in each nurse's own authority.

The Deputy Superintendent of District Nurses organises and acts as tutor to the Course.

5. Provision of nursing equipment

The provision of incontinence pads has continued by distribution through the district nursing service, as also have incontinent pants and North pads.

There are increasingly heavy demands on this equipment, which if provided, can enable the incontinent, bed-ridden patient to be cared for in his home with greater ease and comfort.

Co-operation with the British Red Cross Society

We are once again indebted to the British Red Cross Society for their ready co-operation in supply nursing equipment to patients.

In the financial year 1969/1970 the City Council paid the Society a grant of £350, this will be increased to £370 from the 1st April, 1970.

Details of the equipment loaned in the City during 1969 are as follows:—

Air beds	1	Hoists, personal	6
Air rings	94	Hospital bed and mattress	11
Back rests (padded) and wedges	8	Infra red lamps	6
Bed blocks	38	Medical sheepskin	5
Bed cradles	112	Ripple beds	5
Bed pans	126	Rubber sheets	103
Bed rests	101	Scales	2
Bed tables	9	Sorbo rings	23
Commodes	240	Toilet seats, rubber	3
Crutches (pairs)	15	Urinals	59
Electric bells	1	Walking aids	181
Feeding cups	11	Walking sticks	35
Fracture boards	54	Wheelchairs	247
Hoists, independent	15		1,511

(e) HOME HELP SERVICE

(Dr. Gray)

1. Cases helped

(*a*) Classification of cases helped in the last three years:—

	1967	1968	1969
Maternity	111	93	78
Acute illness	69	73	82
Chronic sick	104	93	69
Mentally disordered	13	15	11
Other	9	12	6
All patients over 65 years	710	763	841
Totals	1,016	1,049	1,087

(*b*) Patients receiving continuous help throughout the year for the past three years:—

1967	495
1968	496
1969	507

2. Finance

Classification for payment during the last three years has been as follows:—

	1967	1968	1969
Full payment (5/- per hour increased to 6/- from 7.1.69)	222	211	205
Assessed for payment	277	251	246
Free	517	587	636
Total cases helped	1,016	1,049	1,087

3. Staff

The following table shows the home helps employed at the end of the last three years:—

Establishment equivalent to 63 full-time home helps

	1967	1968	1969
Full-time—40 hours	3	4	2
Part-time—38–20 hours	75	73	70
Part-time—less than 20 hours	53	55	56
	131	132	128
Equivalent to full-time	61	61	59½

The quality of the home help who survives the first three months is good. She is then prepared to serve a term of several years or more, provided that her health continues to be good, and that her home circumstances do not change.

There is no doubt that the established home help is a true good Samaritan, and that she is devoted to those in her care. Her sense of responsibility and pride in her job is high, and most of all she really enjoys her work. She leaves usually on account of ill health, or because of stress of her home commitments. This type of person is always the one to whom other members of the family turn for help, and the part-time employment has to be given up.

Training of home helps

The series of training lectures given by members of the Health Department continued, and again twelve home helps attended a course on nutrition and cookery with special relations to the elderly.

I am sure, however, that the most valuable "training" is carried out in discussion over current problems between organiser and home help, or the administrative clerk and the home help.

Close contact between "management and employee" is the only true method by which either can appreciate the problems of each other. To achieve this, time must be allocated for the purpose, and consequently routine clerical work is inevitably neglected to some extent.

(f) FAMILY PLANNING

(Dr. Gray)

The family planning services at present available in the City developed over forty years as a result of the close and friendly working relationship between the Oxford Branch of the Family Planning Association and the Health Department.

The National Health Service (Family Planning) Act 1967 became law on 28th June, 1967, and the City Council, on the recommendation of its Health Committee, implemented this Act by appointing the F.P.A. its agents and granting a sum of money to enable it to combine, reorganise and extend the existing services.

A. Services provided by the Oxford Branch of the Family Planning Association

Mr. John N. V. Currie, who has replaced Mr. H. A. E. Spalding as Organising Secretary of the Oxford Regional Branch of the Family Planning Association, kindly provided the following report.

The scheme by which the City has paid for all married women living within the City to have a medical examination and advice without charge at these clinics has been most successful. The City also provides financial support for patients in medical need to have drugs and appliances without charge. The number of patients attending the F.P.A. clinics is increasing steadily month by month.

There are now seven clinics, supported by two Young People's Advisory Centres, as follows:—

1. Clinics

(a) *Blackbird Leys Health Centre*—Blackbird Leys Road.
Friday, 4.30–6.30 p.m.

(b) *Churchill Hospital*—Headington.
Maternity Outpatients Department.
Thursday, 9.30–10.30 a.m.

(c) *Child Health Clinic*—Temple Road, Cowley.
Wednesday, 1.30–3.30 p.m.

(d) *East Oxford Health Centre*—Cowley Road.
Monday, 5.30–7.30 p.m.

(e) *Bury Knowle Child Health Clinic*—Old High Street, Headington.
Thursday, 9.30–11.30 a.m.

(f) *Nuffield Maternity Outpatients Department*—Walton Street. (Radcliffe Infirmary).
Tuesday, 12.30–2.30 p.m. and 3.30–5.30 p.m.

(g) *Child Health Clinic*—South Parade, Summertown
Wednesday and Friday, 9.30–11.30 a.m.

2. Young People's Advisory Centres

(a) *East Oxford Health Centre*—Cowley Road.
Thursday, 5.15–7.15 p.m.

(b) *Child Health Clinic*—South Parade, Summertown.
Wednesday, 7.00–9.00 p.m.

3. Statistics

Patients

New Patients	Transfer Patients	Patient Visits
1,853	186	10,898

Age at first visit

–20	20–24	25–29	30–34	35+
376	711	375	220	171

Parity at first visit

0	1	2	3	4	5	6	6+
716	369	405	199	102	33	16	13

B. Domiciliary Services

The following report has been supplied by Dr. Margaret Whitty:—

Throughout the year, a "private" consultation could be arranged, either at their own home or at a nearby clinic or health centre for those patients who were considered unlikely to ask either their own doctor or at a Family Planning clinic for advice on contraception.

Forty-seven such patients (67 in 1968) were referred, two by general practitioners, the remainder by health visitors.

Home consultations	31
Clinic consultations	16
	47

For the first year, since the inception of the domiciliary service in 1965, no patient was already pregnant at the time of first approach. Possibly this satisfactory result and the reduced number of referrals during the year may be attributed to the new activist policy of giving birth control information not only to each parturient patient whilst in hospital but also to those admitted for termination of pregnancy.

Ethnic Groups

British (including Irish)	37
Asian	6
West Indian	4
	47

Age

Under 18 years	8
20–24 years	11
25–30 years	13
31–40 years	14
Over 40 years	1
	47

Parity

1 child in family	13
2 children	7
3 children	7
4 children	11
5 children	3
6 children	4
7 children	1
8 children	1
	47

Disability

"Shy" patients, who find difficulty in discussing contraception	12
Short birth interval	10
Young mothers (17 years old and under)	6
Physical disability	5
Psychiatric illness	4
Major problem family	5
Other	5
	47

Methods chosen

Oral contraceptives	25
Intra-uterine devices	10
Orthodox methods	8
Tubal ligation	1
Vasectomy	1
No method accepted	2
	47

"Half-way" clinics

As in previous years, the policy of providing simple neighbourhood domiciliary clinics was extended so that clinics are now held at Blackbird Leys Health Centre in addition to Wood Farm and Rose Hill.

Wood Farm Health Centre	8	sessions held
New patients	3	
Return visits	41	
Rose Hill Community Centre	7	sessions held
New patients	3	
Return visits	25	
(City residents only)		
Blackbird Leys Health Centre ..	8	sessions held
New patients	10	
Return visits	38	

Whenever possible, patients are "promoted" from these clinics and from home visits, to their own doctor or to the Family Planning Association for further follow-up and supplies.

There were 107 case cards on the register in December 1969.

Individual follow-up visits

One hundred and fifty-four such home visits were made during the year (149 in 1968).

Thirty-one families were visited on more than one occasion.

Two visits in the year	12
Three visits	4
Four visits	11
Five visits	2
Six visits	1
Seven visits	1
	31

These families represent the hard-core of the domiciliary service.

Pregnancies

(i) *Conventional methods.* During the year four patients who had been provided with supplies of condoms became pregnant. All agreed that the method had not been used consistently.

(ii) *Oral contraceptives.* Two patients failed to continue taking oral contraceptives and became pregnant.

(g) CERVICAL CYTOLOGY

(Dr. Gray)

The screening of women aged 20 years and over for carcinoma in situ of the uterine cervix continued throughout the year. From January 1st, apart from carrying out the test on women requesting it for the first time, recall examinations on women who had previously had the test either at a City clinic, by their own general practitioner or in the gynaecological departments of the United Oxford Hospitals were started.

This recall system has been organised on an experimental basis, co-operating in a scheme devised by Dr. A. I. Spriggs of the Laboratory of Clinical Cytology, under the auspices and financial aid of the Department of Health and Social Security.

In an attempt to determine the 'at risk' groups of women in the community, recall examinations are being done more frequently as the woman gets older—e.g.

under 40 years	every 5 years.
40–50 years	every 3 years.
over 50 years	every year.

The Health Department has been assisting by organising the recall of City patients which has inevitably meant a greater work load for clerical and medical staff as the following tables indicate.

After ten months of the scheme Dr. Spriggs issued an interim report, showing that of the women who accepted repeat examination in the 3 year and one 1 year recall groups, eight positive smears were obtained in a total of 2,661 patients examined. Of these 1,304 patients attend local authority or general practitioner clinics within the City and none of these patients had positive smears.

Despite this added number of recall patients, 1,828 new patients have also been examined, an increase in itself over the 1968 figure of 1,743. The total number of women examined, 3,132 necessitated 284 clinic sessions being held as compared with a total of 182 last year.

Efforts to persuade women to attend clinics have continued during the year, including poster and leaflet campaigns, individual talks given by health visitors to Women's groups, information included in Parentcraft classes and so on, efforts which do seem to have borne some fruit but which leave little margin for complacency.

Employers again co-operated by allowing clinics to be held on works and store premises and a successful clinic was held at regular intervals on one housing estate.

Apart from local authority and general practitioner clinics women also receive the test at hospital gynaecological and postnatal clinics, and at Family Planning clinics.

The total number of examinations carried out during the year are shown in Table I.

TABLE I

Total number of cervical smear examinations

	Local Authority Sessions			General Practitioner Sessions			1968	1969
	1968	1969		1968	1969			
	New patients	New patients	Recalls	New patients	New patients	Recalls	Total	Total
Request cards received	907	759	1,013	948	1,026	1,446	1,855	4,244
Number of patients examined	912	888	719	831	940	585	1,743	3,132

Number of sessions held	**1968**	**1969**
Local Authority clinics	90	139
General Practitioner clinics	92	145
Total ..	182	284
Persistent non-attenders	39	42
Patients unable to be examined	80	111

Of the total number of new patients examined 1,264 were Oxford residents.

The ages and parity of the new patients seen are shown in Table II and it is evident that there is still a reluctance on the part of women over 40 years to accept the test. Four hundred and thirteen women aged 40–49 years attended clinics for the first time compared with 403 in 1968. Two of the six positive smears were in this group.

TABLE II

Age and parity of new patients

Age (years)	Number of children													
	0	1	2	3	4	5	6	7	8	9	10	12	Not stated	Total
–25	285	101	60	18	3	–	–	–	–	–	–	–	–	467
26–29	58	43	70	33	4	4	–	–	–	–	–	–	–	212
30–34	31	43	105	46	27	9	3	1	–	–	–	–	–	265
35–39	29	32	82	42	19	9	3	2	–	–	–	–	–	218
40–44	21	23	71	46	24	5	5	–	–	1	1	–	1	198
45–49	28	42	73	40	17	9	3	2	1	–	–	–	–	215
50–54	15	31	36	14	10	7	3	–	–	–	–	–	–	116
55–59	6	21	28	10	4	1	1	–	–	–	–	–	2	73
60+	6	12	17	10	5	2	1	–	–	1	–	1	1	56
Not stated	2	4	1	–	–	–	1	–	–	–	–	–	–	8
Total	481	352	543	259	113	46	20	5	1	2	1	1	4	1,828

The age and parity of recalled patients because of the age criteria laid down for their examination show a different picture (Table III), the greater number attending being over 50 years of age.

TABLE III

Age and parity of recall patients

Age years	Number of children													
	0	1	2	3	4	5	6	7	8	9	10	12	Not stated	Total
–25	–	–	–	–	–	–	–	–	–	–	–	–	–	–
26–29	–	–	1	–	–	–	–	–	–	–	–	–	–	1
30–34	–	1	2	2	–	–	–	–	–	–	–	–	–	5
35–39	1	–	1	3	–	1	–	–	–	–	–	–	–	6
40–44	12	19	44	33	15	3	1	–	1	–	1	1	1	131
45–49	31	56	116	64	17	7	4	2	–	1	–	–	–	298
50–54	47	76	119	71	25	13	10	5	2	–	–	–	3	371
55–59	45	66	97	41	38	5	3	2	–	–	–	1	6	304
60+	26	41	45	26	14	10	6	2	1	–	–	–	1	172
Not stated	6	1	4	3	1	–	1	–	–	–	–	–	–	16
Total	168	260	429	243	110	39	25	11	4	1	1	2	11	1,304

The following results for new patients were obtained compared with the last two years.

	1967	1968	1969
Negative smears	2,164	1,704	1,792
Suspicious smears confirmed by biopsy ..	9	12	6
Suspicious smears not confirmed by:			
(i) repeat smear	5	1	3
(ii) biopsy	4	5	4
Doubtful smears not confirmed by repeat smear	3	5	6
Suspicious smears awaiting further investigation	8	4	5
Doubtful smears to have further follow-up ..	7	12	9
Doubtful smears—follow-up not possible ..	1	—	3
Other gynaecological abnormalities detected	296	167	175

Of the 1,304 recall patients, 4 had suspicious smears but these were not confirmed by biopsy. One suspicious smear was not confirmed by a repeat smear and four doubtful smears were not confirmed by repeat smears. The total negative smears were, therefore, 1,295.

Other gynaecological abnormalities detected in recall patients were 108.

The age and parity of the six new patients with confirmed carcinoma in situ are shown in Table IV.

TABLE IV

Age and parity of patients with confirmed carcinoma in situ.

Age (years)	Number of children			
	0	1	2	Total
20–24	–	–	–	–
25–29	–	1	–	1
30–34	–	–	–	–
35–39	–	1	–	1
40–44	–	–	1	1
45–49	–	–	1	1
50+	–	1	1	2
Total	–	3	3	6

Four recall patients had positive smears, but none were confirmed by biopsy. The ages of these recall patients were:—

46 years	2
52 years	1
62 years	1
	4

Of the 1,304 recall patients, 789 were City residents.

The incidence of carcinoma in situ was 6 in 1,828 new patients examined or 3.28 per thousand as compared with 7.6 in 1968. This is a considerable decrease in incidence, despite the increased number of examinations carried out.

Amongst the 10,181 new patients examined since the start of the scheme in March 1965, there have been 48 confirmed cases of carcinoma in situ. The age and parity of these 48 patients are indicated in Table V.

TABLE V

Age and parity of total number of patients with confirmed carcinoma in situ since March 1965.

Age (years)	Number of children						
	0	1	2	3	4	5	Total
–25	—	—	—	—	1	—	1
26–29	—	1	1	—	—	—	2
30–34	1	1	1	1	—	—	4
35–39	—	4	—	2	1	1	8
40–44	2	2	5	2	1	—	12
45–49	1	2	3	4	—	1	11
50+	—	3	1	1	3	2	10
Total	4	13	11	10	6	4	48

The City scheme for making cervical cytology testing available for all women over the age of 20 years started in March 1965 and will have achieved its first five years by March, 1970.

The results so far can be briefly summarised in Table VI and in themselves, justify the service without taking into account the value of the health educational work undertaken and the detection of other gynaecological defects found at such "well women" clinics.

TABLE VI

Percentage age distribution of total number of smears and positive smears in new patients.

	Total No. of smears taken	% aged 45 years and over	% aged 35–45 years	Below 35 years	Positive smears
1965 .. .. (9 months only)	1,370	25%	35%	40%	8 (5.8 per 1,000)
1966	3,039	28%	33%	39%	13 (4.3 per 1,000)
1967	2,201	26%	27%	47%	9 (4.08 per 1,000)
1968	1,743	27%	24%	49%	12 (6.8 per 1,000)
1969	1,828	26%	23%	51%	6 (3.28 per 1,000)
Positive smears ..	48	69%	25%	6%	48 (4.7 per 1,000)

Despite the varying total numbers, it will be noticed that only about 25% are in the high age risk group, whereas nearly 70% of the positive smears are in that group.

(h) RECUPERATIVE HOLIDAYS

(Dr. Gray)

Recuperative holidays were arranged for 9 persons during the year.

The sources of recommendation for holidays were as follows:—

(*a*) General practitioners	6
(*b*) Consultants	3

Applicants were assessed to pay as follows:—

Persons making payment in full	–
Persons making part payment	1
Persons making no contribution	8

The cost to the City Council was £95 14s. 4d. plus travelling expenses for two persons.

Applicants were accommodated at the following homes:—

	Male	*Female*	*Children*
Bell Memorial Home, Lancing ..	2	3	–
Church Army Home, Weston-super-Mare	–	1	2
Cheshire Home, Banbury	–	1	–
	2	5	2

Two recommendations were received too late to make arrangements until the Spring of 1970.

(i) HEALTH EDUCATION

(Mr. D. F. Lewis)

So many avenues exist for the development of health education that bearing in mind the limited availability of staff, facilities and time, it becomes necessary to determine the areas in which the greatest need exists and towards which the most efficient use of the resources available may be directed. One main area consequently chosen for particular attention has been that of the schools. The work undertaken in this field has been fully reported upon in the Principal School Medical Officer's Annual Report.

In-Service Training

The greater the extent to which professional workers are kept informed and aware of developments within their field of health, the better will they be able to successfully implement their particular skills and techniques.

The course for home helps which was so successfully initiated last year was again repeated. With the assistance of a specialist lecturer in home craft from the College of Further Education, twelve home helps received advice and practical training in the budgeting and preparation of diets; due attention being given to the associated factors of economy, balance, and care in the preparation of food.

The first venture in running health visitor study days began in October. The Oxford Regional Hospital Board were kind enough to make their premises available for a meeting of twenty-two health visitors. The theme chosen for the course was "Young People Today", which fell naturally into two main sections for consideration. "Health and Social Problems in Schools" led by a headmaster well versed in the difficulties encountered within the school. The second section was covered by a lecturer in applied social studies who spoke on the much wider issue of "Problems of Young People in the Family and in the Community". The success of the occasion means that study mornings will become a regular six-monthly feature in the future.

Other meetings specifically intended to be of value to health visitors included a talk on the cultural and social background of Pakistani families from a Pakistani mother, who is also a qualified health visitor. Two further meetings were held with teachers jointly involved in the Mother and Child Welfare classes followed in most of the city secondary schools. The first of these previewed new film material likely to be of benefit to the course, while the second included a talk, followed by discussion, from a member of the National Association for Maternal and Child Welfare on the syllabus content and examination procedure of the Association.

An illustrated talk on the current situation of drug misuse and the accompanying social problems was given to interested members of the Welfare Division by the health education officer.

Lectures have been given regularly to medical students, student health visitors and district nurses on a variety of subjects. Such lectures have been designed to increase the awareness of professional workers to the need and opportunities for education on matters of health to members of the public. Further guidance and advice have been given in the preparation and presentation of talks on discussion techniques and on the use of visual aid material appropriate to the professional workers own field.

Invitations to lecture on the subject of Health Education to teachers in training have been received from local colleges of education and further afield from Birmingham and Portsmouth. Assistance was also given at the annual conference organised by the Department of Education and Science on Health Education.

The need for short courses on the use of film projection equipment have proved very necessary as is evident from the use of this equipment on over 250 occasions.

Lecturers and Talks

It is clear from the number of occasions on which projection equipment has been used that the demand for talks has continued to grow. Many members of the department have been involved in this work, the health education officer alone having given over 70 talks to schools and to adult groups.

Child minders place themselves in a position of great responsibility in undertaking the care of adventurous young children. It therefore seemed appropriate to invite child minders from the city to an evening's talk and discussion on "Safety and First Aid". The meeting consisted of a discussion around slides illustrating the possible danger points to children found in the home; it then extended to demonstrating ways of coping with the many situations in which children can be injured and require some form of first aid.

Two new mothers clubs were formed during the year at Donnington Clinic and Wood Farm Health Centre. The former club built up slowly until the summer holidays after which it failed to survive. The Wood Farm Club continues to thrive with a varied and interesting programme of activities.

The subject of drugs remains a topic of concern and interest to many people. Requests for illustrated talks and information have continued to arrive from schools, young people's organisations and from adults Talks have been given in response to all the requests received from the city, but it has proved impossible to deal with many of those from other areas.

On two occasions the health education officer and a member of the police force have given a joint talk, followed by a most lively discussion, to Parent Teacher Associations on the mis-use of drugs. Parents are understandably very concerned for their children's safety in this respect and are eager to help in any way to reduce the possibility of the drug problem spreading to the schools.

It is difficult to evaluate the success of discussing the subject of drugs with young people. The approach to the subject must vary considerably according to the group and the possible extent to which members of the group may have experimented. It is always easier to assess where such health education has failed than to know how successful the work has proved as a deterrent. In general, the young people are conscious of the dangers inherrent in drug abuse and have little wish to become involved in the subculture associated with the problem.

During the year employees at the Sandford Sewage Works have again taken the opportunity to learn about "Mouth to Mouth Resuscitation". The meetings have included a film, followed by a short practical session with a life size model. This is one aspect of first aid with which everyone should be acquainted. It is disappointing that only one section

of the city employees should have taken the opportunity of familiarizing themselves with the procedure. Talks have been given to many different groups and organisations on subjects ranging from the venereal diseases and human relationships to bringing up children and adolescence.

Parentcraft Classes

The perennial series of parentcraft classes have continued to reassure and prepare mothers for childbirth. The attendance of fathers at some of these sessions further serves to emphasise the complete family involvement in the occasion. Attendance is always subject to fluctuation, but the general trend has indicated the need to start a new series of classes at the East Oxford Health Centre in the coming year.

Following a talk on Family Planning at one of the parentcraft classes, a small questionnaire was given to those attending to assess the value of the subject being included at this time. All mothers felt that the film which they had seen, "Every Baby a Wanted Baby", was the most suitable way to present the information, and all but one considered that the film should be shown to future parentcraft classes. 70% considered that the film and ensuing discussion had been of benefit to them, but many still wanted more information on "the pill". The questionnaire further strengthened the belief of those already including family planning in their programme that this is a welcome and indeed needed part of the series.

Parentcraft Classes

	No. registered	Total attendance
Donnington	48	145
Temple Cowley	60	160
Summertown	135	336
Total	243	641

Year	1963	1964	1965	1966	1967	1968	1969
No. registered ..	131	117	129	179	222	184	243
Total attendance	542	544	448	819	617	718	641

Cervical Cytology

In addition to the regular distribution of posters and leaflets, two other methods have been tried in an endeavour to publicise the availability of this test for women. The methods may have contributed to the increased number of women applying to have the test, a pleasing trend in contrast to the national picture.

A letter was sent to the secretary of all organisations and associations with a substantial number of women, inviting their members to avail themselves of the opportunity of the test. They were advised that on request an appropriate number of leaflets and appointment cards could be sent, and if required a speaker could also be provided to talk on the subject. The replies brought requests for approximately 1,500 leaflets and several talks. The second method took the form of an approach to just one particular organisation, the city branch of the Women's Keep Fit Association. Following a meeting with the local committee at which cancer education and its implementations were discussed, it was agreed to arrange for an intensive campaign among members of this association. In seven days a small team of health visitors gave eleven talks on the prevention of cervical cancer. All the speakers made full use of the ten minute film "Calling All Women" which served as an excellent introduction to the subject.

General

Oxford took part in the survey by the newly formed Health Education Council to evaluate the effect of their anti-smoking poster campaign. The city acted as a control area where no special publicity was to be undertaken on the subject. As yet the market research team employed to carry out the survey have not completed the second phase of their programme, but their findings are expected early in 1970.

The distribution of posters, leaflets, films and other visual aid material on a great variety of topics was continued. The danger of fireworks in particular has been brought to the attention of the public through the assistance of the local cinemas during the week prior to 5th November. Slides were shown warning of the dangers to young children.

(j) DOMICILIARY OCCUPATIONAL THERAPY SERVICE

(Dr. Vera Hollyhock)

The work of this department has continued to show a steady increase during the year. There are 3 occupational therapists who (i) arrange for the supply of aids to daily living; (ii) advise on alterations to premises to enable handicapped people to manage more easily in their own homes, and (iii) regularly supervise handicapped persons who are doing craft work in their own homes. When major adaptations or large aids such as hoists are required, the senior medical officer visits in order to provide effective liaison between hospital staff, general practitioners and the occupational therapy service. In addition it is then possible for the senior medical officer to review the family situation to see whether any other services are needed. The following report has been submitted by Miss J. Gould, Head Occupational Therapist.

There was one change of staff during the year resulting from the removal of Mrs. Goodall (formerly Baker) from the area in August. Mrs. Deacon, who had been working at Littlemore Hospital, joined the staff in September. The clerical assistance was reduced to half a day per week.

The total number of patients shows a further increase, as does the number of new cases. For the first time the number of patients treated by the three occupational therapists in the course of a year was over 400.

	1967	1968	1969
Total at 31st December	219	241	254
New referrals	88	142	168
Withdrawn	66	120	155

148 of the new patients were referred specifically for Household or Personal Aids to help in the activities of daily living, for assessment for wheelchairs, or for assessing the home situation before discharge from hospital.

The following table summarising the aids and equipment recommended and/or provided by the service:—

	1967	1968	1969
Bathing aids (rails, seats, mats, etc.) ..	48	66	108
Adaptations to furniture	17	15	20
Toilet aids (rails, raised seats, etc.) ..	23	43	52
Small gadgets for dressing, feeding, etc. ..	9	11	18
Walking aids	15	20	24
Advice and assessment for rails, ramps, etc.	12	43	59
Total	124	198	281

The sale of patients work shows a decrease as the productivity of the patients had to be curtailed because of the accumulation of stock.

	1967	1968	1969
Total sales	£2,647	£3,443	£2,622
Cash return to patients	£1,350	£1,905	£1,110

The Social Group continued to be a regular fortnightly event, new patients being included when transport allowed. The Group is held at Dorset House School of Occupational Therapy by the kind generosity of Miss G. M. Macdonald, the Principal of the Training School. The students organise the afternoons entertainment which has been very varied and most enterprising. The occasion is enjoyed to the full by both patients and students. Transport has contined to be supplied by the Welfare Division by means of their two ambulance vehicles and with the help of voluntary drivers. On several occasions the B.R.C.S. have also provided an ambulance and some patients have been transported by the occupational therapists.

HANDICAPPED PERSONS: AID TO LIVING

The annual outing was a coach trip to Waddesdon Manor in June; the 50 patients included three transported in their own wheelchairs in the Bullingdon Red Cross Ambulance. Two extremely capable police cadets plus two other helpers and the three occupational therapists were able to push the wheelchairs around the most interesting house and magnificent grounds, including an Italian style aviary, on a perfect summers day.

A visit was made to the Reading Occupational Therapy Day Centre by Dr. Hollyhock and the three occupational therapists, which proved to be a most enlightening and interesting afternoon.

Miss Gould joined Mr. Whatmore, Chief Chiropodist, in giving a short lecture and demonstration of aids to some of the District Nurses. Students from Dorset House training school continued to visit patients with the domiciliary occupational therapists as part of their training.

The service has maintained a steady supply of folders, compiled by about ten different patients, to the United Oxford Hospitals. Another job for the Hospitals was the double-sided taping of 18,000 sheets, and it is hoped that further similar work will continue to be requested from this source."

(k) CHIROPODY

(Dr. Vera Hollyhock)

During the year this service had been improved both in quality and quantity. Some further sessions at Old People's Clubs have been transferred to better premises in neighbouring clinic or health centre premises. An increase in the amount of work undertaken has occurred and in this respect we were very pleased to welcome Mr. Lewis as a part-time chiropodist in November. This appointment was the culmination of an attempt to recruit an additional full-time chiropodist. A regrading has taken place resulting in an establishment of a chief chiropodist, and a senior chiropodist. Three private chiropodists continued to give sessional help, but at the end of the year Mr. Brady resigned because of the pressure of his own practice. Grateful thanks are due to Mr. Brady for all his help over many years. We are also very grateful to the many voluntary helpers who have continued to assist us. The following report has been submitted by Mr. F. W. Whatmore, Chief Chiropodist.

"The re-organisation started last year has continued. The chiropody service provided at the three Old People's Clubs at Lake Street, Northway and Blackbird Leys, was transferred into the neighbouring South Oxford and Northway clinics and the Blackbird Leys Health Centre respectively. This has resulted in a better equipped service being available under more favourable conditions. An appointments system is controlled from the Health Department, and has proved very satisfactory.

The demand for the service increased considerably, there being 361 new patients. As 94 patients were removed from the register there was an overall increase of 267 patients during the year. The figures given in the following tables show that the service is very stretched. As the demand increases, some restriction has to be placed on the number of treatments given, which is a cause for concern.

During the year a leaflet was compiled, in co-operation with the health education officer, on "Care of the Feet" and distributed to the organisers of charity walks. At the School Careers Convention held in December a number of interested pupils had their questions answered, and as a result it is hoped that some may train to be chiropodists".

Chiropody 1963–1969

Year	Patients	Treatments	Sessions
1963	770	2,979	476
1964	849	3,661	575
1965	1,017	4,666	754
1966	1,069	4,999	724
1967	1,054	4,886	727
1968	1,262	4,864	635
1969	1,529	5,076	717

Comparison between 1968 and 1969

Place of treatment	1968				1969			
	Patients	Treatments	Sessions	Av. treatments per session	Patients	Treatments	Sessions	Av. treatments per session
Old People's Clubs	558	2,409	315	7.6	626	2,285	305	7.4
Transport Sessions	217	582	75	7.7	308	635	91	6.9
Patients' own home ..	106	459	91*	—	133	523	130*	—
City Homes	381	1,414	154	9.1	462	1,633	191	8.5
Totals	1,262	4,864	635	7.6	1,529	5,076	717	7.0

*A nominal figure based on 4 domiciliary treatments per 3-hour session.

Chiropody at Old People's Clubs

Club	Voluntary Worker	Chiropodist	Time	Patients	Treatments	Sessions	Av. treatments per session
All Saints, New High Street, Headington	Mrs. W. Lockey, 15 Lyndworth Close	Mr. Whatmore	Monday 2.30–5.30 (monthly)	28	75	10	7.5
Headington Community Centre, Gladstone Road	Mrs. D. Bennett, Flat 14 Cherwell Lodge	Mr. Whatmore	Thursday 2.30–5.30 (fortnightly)	40	155	23	6.7
Regal Residents Hall, Shelley Road	Miss D. Parr, 13 Winchester Road	Miss Cooper	Monday 2.30–5 p.m. (fortnightly)	39	163	20	8.1
Beveridge House, Wood Farm Estate	The Warden	Miss Cooper	Thursday, 4–6 p.m. (fortnightly)	55	203	21	9.6
Rose Hill Community Centre, The Oval	Mrs. S. Eeley, 11 Howard Street	Miss Cooper	Tuesday, 3–5 p.m. (weekly)	62	292	38	7.6
Senior Citizens, George Street	Mrs. L. E. Smith, 1 Pinnocks Way	Mr. Brady	Wednesday, 2.30–5 p.m. (weekly)	79	273	40	6.8
Cowley Friendship Club, Congregational Hall	Mrs. K. Lewis, 58 White Road	Mr. McGarrity	Wednesday, 2.15–5 p.m. (weekly)	57	356	48	7.4
			Totals	360	1,517	200	7.5

Chiropody at Clinics and Health Centres

Clinic or Health Centre	Voluntary Worker	Chiropodist	Time	Patients	Treatments	Sessions	Av. Treatment per session
Blackbird Leys Health Centre. (Transferred from Blackbird Leys Community Centre 14.5.69)	—	Mr. Whatmore	Wednesday 2.30–5.30 p.m. (fortnightly)	69	163	22	7.4
South Oxford Clinic (Transferred from Lake Street Community Centre 1.1.69)	Mrs. W. Bull, 120 Wytham St.	Mr. Whatmore	Wednesday, 2.30–5.30 p.m. (fortnightly)	47	177	24	7.3
Northway Clinic (Transferred from Northway Community Centre 13.10.69)	Mrs. M. Bloomfield, 1 Stainfield Road	Mr. Whatmore	Mondays, 2.30–5.30 p.m. (monthly)	30	73	10	7.0
Summertown Clinic	—	Mr. Whatmore	Tuesday 9.15–12.30 p.m. (weekly)	120	355	49	7.2
			Totals	266	768	105	7.3

(l) DOMICILIARY RENAL DIALYSIS

(Dr. Vera Hollyhock)

The practice of domiciliary renal dialysis is now firmly established throughout the country and in Oxford there are three patients carrying out renal dialysis regularly in their own homes, an increase of one patient during the year. The cost of the necessary home conversion was borne by the City Council under Section 28 of the National Health Services Act, 1946, the actual work being carried out under the supervision of the Regional Hospital Board Works and Buildings Department. The basic requirements are that there must be a large enough room and a relative able and willing to be trained to assist the patient. The relative has to be available during those nights when dialysis is going on. Any necessary medical aid can be summoned immediately by telephone, which must always be available to a patient on renal dialysis.

Although patients can be maintained for years in a reasonable state of health by means of regular dialysis, they may now ask to go on the waiting list for a kidney transplant. Alternatively, if they are doing well with regular dialysis they may prefer to continue with this rather than undergo the major procedure of a transplant with its associated risk of the kidney being rejected. However, with a successfully functioning transplanted kidney, the patient no longer needs artificial dialysis and is henceforth able to lead a completely normal life without the interruptions of thrice weekly periods on the dialysing machine.

Although the technique of renal dialysis has greatly improved and further advances can be expected, there is still the possibility of blocked shunts, the worry that suitable blood vessels will cease to be available and the risk of infective jaundice; fortunately this last complication, although it has occurred in many other centres, has not yet happened at the haemodialysis unit at the Churchill Hospital. Because holidays are a problem for patients on renal dialysis, it is hoped soon to establish a caravan with dialysing equipment, in a holiday area, thus enabling patients to go on holiday with their families. The caravan is being bought with funds raised by the patients and friends of the Unit.

(m) HOUSING ALLOCATION ON MEDICAL GROUNDS

(Dr. Vera Hollyhock)

From time to time general practitioners, and sometimes hospital consultants, feel that there are medical grounds for recommending rehousing of patients. These are patients who apply for council housing, and the doctor concerned sends in a certificate to the medical officer of health stating his patient's medical condition which he considers merits special consideration. The appropriate senior medical officer then investigates the case fully with the help of the health visitor concerned who will report on the conditions of the present accommodation and any other

domestic, social or financial factors which she considers may be relevant. In the light of the doctor's recommendation and the health visitor's assessment, the senior medical officer considers the application and may make further personal investigation of the case. A recommendation for rehousing on medical grounds is then made or, if it is felt that the medical grounds are not sufficient justification then the housing department is so informed. If a recommendation for rehousing on medical grounds is put forward, a degree of high, intermediate or low priority is included. Medical priority is based on risk to life, danger to health and severe hardship in that order.

These cases are considered at monthly meetings of the Housing Management Sub-Committee and 50 dwellings per year are reserved for allocation to applicants on medical grounds. Cases with a high priority are rehoused as soon as suitable accommodation becomes available, whilst those with intermediate priority are usually rehoused within a few months. Recommendations bearing a low priority are not usually approved for early rehousing, but they do give committee notice of the fact that the cases are on the waiting list and sometimes it is possible for some alternative action to be considered. In assessing the need for rehousing on medical grounds the family situation is taken into consideration as well as the precise medical condition of the individual applicant.

Cases investigated

	1969	1968	1967
Applications received	115	148	166
Recommended for rehousing	90	116	123
Not recommended	13	27	17
Applications withdrawn or dealt with by another procedure	12	5	26

Priority of cases recommended for rehousing

	1969	1968	1967
Low priority	32	65	70
Intermediate	44	46	48
High	14	5	5

During the year the Housing Management Sub-Committee considered 72 cases which included some deferred for various reasons on first consideration.

Offered permanent accommodation	40
Offered temporary accommodation	3
Deferred	16
Rejected	7
Applicant made alternative arrangements	6
	72

(n) NURSING HOMES

(Dr. Vera Hollyhock)

There has been no change in the Register of Nursing Homes which at 31st December, 1969, was as follows:—

Home	No. of beds	General Purpose	Year of Registration
Acland 23/25 Banbury Road	30	Acute medical and surgical cases	Re-registered 1962
St. John's, St. Mary's Road, Cowley	61	Elderly, frail and chronic sick women	1950
St. Luke's, 20 Linton Road	47	Short term convalescence and rehabilitation. Long term elderly frail	Re-registered 1967

Six formal inspections were carried out—two to each Home during the year. In addition, informal visits were made for purposes of advice and help to the staff on minor matters relating to public health.

(o) AID IN SICKNESS CHARITIES

(Dr. Vera Hollyhock)

The Medical Officer of Health is represented on the Committee of the Charity by a senior medical officer. This officer attends committee meetings which are held three times a year. Aid is provided under three main headings.

1. Domiciliary Physiotherapy

Some patients whom it is considered would benefit from physiotherapy are unable, by reason of health, to make regular visits to hospital and for financial or other reasons, cannot employ a private physiotherapist. In such cases domiciliary physiotherapy can be given by the full time physiotherapist who is employed by the Charity for this purpose. The introduction is usually through the family doctor, but may be from the hospital. In particular, patients who are recovering from chest infections, especially if they are somewhat infirm or elderly, derive great benefit from appropriate physiotherapy. Occasionally patients with some form of muscular or joint disease are treated at home, and sometimes persons who have suffered strokes benefit from domiciliary rehabilitation physiotherapy. The cost per treatment is £1 6s. 5d. and patients are asked if they

would like to make a donation towards this, but there is no obligation and in particular patients on pension are not expected to pay anything at all. During the year 44 new patients were accepted and with 33 carried over from the previous year, a total of 77 patients received 1,318 treatments.

2. The Lying-in-Charity

No grant was made from this fund.

3. Other Charitable Grants

The Charity provides night storage heaters on loan to persons in need, whose means are such that they cannot afford adequate heating. This is most likely to be the case when the people concerned are old age pensioners. On one occasion a grant of £6 was made to augment the heating for an elderly chronic sick person.

SECTION IV

INFECTIOUS DISEASES

Report by Dr. E. P. Lawrence,
M.B., B.Ch., D.P.H., D.T., M.&H.
Deputy Medical Officer of Health

(a) EPIDEMIOLOGY

Notification under the Public Health (Infectious Diseases) Regulations, 1968 continued to work satisfactorily. In addition, Glandular Fever continued to be notifiable under an order made by the City Council acting under section 147 of the Public Health Act, 1936 which came into effect on 1st January, 1967.

Streptococcal Infection

Notification of scarlet fever continued to be sporadic, 30 cases being notified compared with 29 last year. Erysipelas is no longer notifiable.

Whooping Cough

There has been a remarkable decrease in notified cases, of which there were only 6, the last one occurring in April. This is the second lowest total recorded in the last 20 years (only 2 cases were notified in 1962). The present low incidence has now continued for 20 months and follows a minor peak of 180 cases in 1967, which in itself was a small epidemic compared with the 586 cases in 1950 and 741 cases in 1951 before the advent of wide-spread immunisation against this disease.

Diphtheria and Poliomyelitis

No case of either disease was notified. The last case of diphtheria occurred 20 years ago and that of poliomyelitis in an adult three years ago. There has been no case of poliomyelitis in a child for twelve years.

Measles

The incidence of measles continued to fall, 193 cases being notified, mainly in the first half of the year. Just over half this number (101) occurred in young school children aged 4–9 years and all but 11 of the remainder were pre-school children. Only 20 cases were reported after the middle of July. The last epidemic of measles in Oxford was in 1965, when 1,285 cases were reported. Following the introduction of routine vaccination against this disease in 1966, there have been no widespread epidemics, and the present incidence is rapidly approaching the lowest totals ever recorded in Oxford (13 cases in 1954 and 139 cases in 1958). As well as preventing an epidemic, vaccination continues to give a high degree of individual protection, only 20 cases (of which 4 were possibly not measles but reactions to vaccination) occurring in vaccinated children.

Acute Meningitis

There were two cases in adults, one caused by a meningococcus which was almost certainly contracted on holiday abroad, and the other due to the mumps virus.

Acute Encephalitis

Four curious cases of encephalitis were notified in April, each having a labyrinthitis producing vertigo as a prominent symptom. Two brothers aged 4 and 6 developed the illness within a week of each other, and the other two cases, a boy aged 3 and a girl aged 8, lived in the same part of the City. All four had short, mild illnesses from which they recovered completely. No causative organism was detected. The general practitioner who notified these cases, reported that he had seen a few other children with similar but even milder upsets, consisting of a short bout of giddiness only.

Bacillary Dysentery

Three cases of Flexner dysentery were notified, all in adults. One lady had recently arrived in this Country and had probably brought her pathogen with her from Pakistan; the other two (a man and a woman) collected their germs on holiday in Tunisia and Israel respectively. All three cases were mild and of short duration.

There were 37 cases of sonne dysentery evenly spread throughout the year and amongst all age groups except the very elderly. There was, one small outbreak involving three cases in a children's ward of a hospital, with no secondary spread. Half the remaining cases occurred as 8 small outbreaks in families with young children, three of the families having recently returned from abroad. In the case in one woman of 54, it is possible that the rare complication of Henoch Schonlein purpura with arthritis could have been attributed to an attack of sonne dysentery which started three days earlier.

Typhoid and Paratyphoid Fevers

Two cases of typhoid fever, both contracted abroad, were notified. In addition, the typhoid carrier discovered last year, remains under surveillance and continues to excrete salmonella typhi.

The first case was notified promptly as a result of obtaining a report of a positive blood culture from the patient shortly after admission to hospital for investigation. She had typical rose spots and splenomegally together with high fever, and had returned from a fortnight's holiday in Italy three days before the onset of her illness. Investigation of her family and contacts revealed no further cases and she made an uneventful recovery.

The second case was one of many infected on the S.S. Angelina Lauro which docked at Southampton on October 22nd and subsequently distributed its load of cases widely both in this Country and in Europe. The story of the early detection of the Oxford case is of interest. On November 20th the patient's son, while in the reception room of an orthopaedic hospital awaiting admission for an operation on his knee, picked up a newspaper carrying in banner headlines the tale of typhoid aboard the Angelina Lauro. On remarking to the receptionist that his parents had been on this boat, the young gentleman was somewhat promptly asked to leave the premises and his operation was postponed. His disgruntled parents contacted the Health Department and a doctor duly visited the family the next day. The travellers denied any illness and as it was over four weeks since they left the boat, the only precaution taken was to advise them to contact their family doctor if they felt ill during the course of the next few days. The day following this, the mother did in fact complain of a headache and visited her general practitioner who found she had a fever and arranged her prompt admission to the Infectious Diseases hospital. The patient then admitted that she had had rather a persistent headache for the past four days, and in due course a specimen of faeces produced salmonella typhi. She recovered rapidly from a mild attack of the disease and none of her large family with their numerous offspring in the City were found to have caught the disease from her.

The single case of Paratyphoid B was admitted to hospital for investigation after a week's pyrexial illness, when the organism was detected by stool culture. The family had spent a holiday in Italy four months previously, and subsequently relatives who were contacts travelled between England and Italy, but these were too tenuous to prove a direct line of infection between the two countries. Unfortunately this case, though clinically mild, was socially very difficult in that the patient continued to excrete the organism for a long period, and as she made a livelihood from running a restaurant, prolonged isolation in hospital was the only possible solution.

Food Poisoning

Eight of the total of 35 cases of food poisoning occurred as a single outbreak due to Clostridium welchii, the remainder being cases of Salmonella infection. Seven of the latter occurred in three small family outbreaks. Three cases of Salmonella enteritidis infection occurred in a hospital maternity ward, involving a mother and her baby and an antenatal patient. Five of the remaining 17 sporadic Salmonella infections occurred in returned travellers.

The outbreak of Clostridium welchii afflicted eight members of the Regional Hospital Board about 12 hours after a lunch of roast pork with gravy followed by cherry flan. The symptoms were abdominal pain and

diarrhoea and the illness was short-lived. Clostridium welchii was isolated from the pork and from one of the patients. Prompt action by the Deputy S.A.M.O. prevented the contaminated pork being served up for lunch in rissoles, twenty-four hours later, and as a result, no more cases occurred.

The table overleaf gives details of the organisms causing food poisoning in 1969.

Winter Vomiting Disease

In January, there was an outbreak of gastro intestinal disease involving 26 members of the staff of a large Department store, renowned for the high standard of its hygiene and personnel management. However, the prompt and effective method used to contain the outbreak of suspected food poisoning, namely to send all affected staff home immediately, to the four corners of the surrounding counties, also delayed the essential detailed investigation of the circumstances. The variety of symptoms as well as the scattered distribution in time and space, along with negative bacteriological results from stool examinations, suggested that this was an epidemic of winter vomiting disease. The routine adopted by the company has since been amended so that if food poisoning is suspected. employees reporting sick can in future be interviewed by a member of our staff before they go home. Following this episode, there were reports of similar outbreaks of winter vomiting disease in two other branches of the same firm (in London and Slough) which suggested that one or more members of the firm visiting those branches may have been acting as carriers of the virus responsible; equally the fact that this firm is very health-conscious probably led to more efficient notification of illness amongst their employees.

Outbreak of uncertain etiology

On Friday, November 21st, there was a sudden outbreak of illness at a telephone exchange staffed by about 100 men and women. Some 48 women were involved, the majority of whom were rushed to the casualty department of the Radcliffe Infirmary. Symptoms included sore eyes, dry throat and mouth with a metallic taste, headache, dizziness, nausea with occasional vomiting, diarrhoea and general weakness. A history of a similar illness in the past week was obtained from 10 other women, all of whom had recovered rapidly.

The illness was of short duration, most cases recovering over the weekend. There were no sequelae.

Investigations ruled out the possibility of this being an outbreak of food poisoning, and winter vomiting disease seemed the most likely explanation. However, there were complicating factors in that the illness occurred while batteries were being charged in the basement, and it was

Particulars of Outbreaks

Causative agent	General outbreaks		Family outbreaks		Sporadic cases notified or ascertained	Total Cases
	No. of separate outbreaks	No. of cases notified or ascertained	No. of separate outbreaks	No. of cases notified or ascertained		
Salmonella:						
(*a*) bovis morbificans and infantis	—	—	—	—	1	1
(*b*) enteriditis	1	3	—	—	1	4
(*c*) heidelberg	—	—	—	—	1	1
(*d*) infantis	—	—	—	—	1	1
(*e*) panama	—	—	1	2	2	4
(*f*) stanley	—	—	—	—	3	3
(*g*) thompson	—	—	—	—	1	1
(*h*) typhi-murium	—	—	1	3	5	8
(*i*) virchow	—	—	1	2	—	2
Cl. welchii	1	8	—	—	—	8
Cause unknown	—	—	—	—	2	2
	2	11	3	7	17	35

possible that sulphuric acid fumes had reached the upper floors of the building through ducting which was undergoing repairs. However, no fumes were detected when tests were carried out an hour after the start of the outbreak, nor was there any evidence of lead poisoning detected by tests on the patients' blood.

A further interesting possibility was that winter vomiting disease or irritation from acid fumes in a few girls had sparked off an "epidemic collapse". This was discussed in some detail with Dr. Colin McEvedy, Registrar to the Department of Psychological Medicine at the Middlesex Hospital, who has made a special study of this condition, which typically affects fairly close communities of young women under 25 years of age, as in schools, colleges and the like. In this outbreak, although women only were affected, nearly three quarters were over the age of 25.

Leprosy

Two patients, both having out-patient hospital care, remain on the register. There have been no new cases.

Infective Hepatitis

A total of 129 cases were notified; since March there has been a steady increase of cases, which has continued into 1970. In Bristol, where this disease has been notifiable for the past nine years, smouldering epidemics appear to wax and wane over a five to seven year cycle, and it looks at the moment as if Oxford is experiencing the rising tide of a similar cycle. Cases have occurred at varying intervals, making it difficult to trace a clear cut path-way of infection. The majority were confined to Blackbird Leys (75 cases) but at the end of the year there was an increase of cases in Headington and Marston. It is mainly a disease of school children and young adults, 107 of the cases being in the age group 5–34. It is difficult to judge the importance of contact at school as a factor in the spread of this disease and whether this is as important as fairly close family contact, in 19 instances another member of the family caught the disease from the index case. However, relatively brief contact may also be sufficient to transmit the disease, as one girl from a different part of the City developed jaundice a month after having tea with an uncle living in Blackbird Leys who was suffering from a mild attack; there was no other known source of infection. The attack rate in families where more than one case occurred was 1 in 3.6, compared with 1 in 106 for the Blackbird Leys Estate and 1 in 850 for the City as a whole.

The control of infective hepatitis poses a problem as it is uncertain what proportion of the population suffer sub-clinical or inapparent infection. There is no way of giving active immunity by vaccination, but passive protection through the use of immunoglobulin is possible and effective, if given early in the incubation period. The difficulty remains

of knowing when best to use immunoglobulin, which is both expensive and in short supply. The sporadic incidence of cases and the long incubation period make it very difficult to assess both the need for and the effectiveness of passive immunisation in any but closed communities such as boarding schools and long-stay hospitals. It is fairly certain that the bowel to mouth route of infection is important, but as the duration of infectivity is uncertain, it is difficult to give practical advice about the length of time food handlers should stay away from work. Generally, it has been felt that exclusion should continue until the patient has lost all signs of jaundice and feels fit once more. In all cases, advice is given about the importance of good personal hygiene in preventing the spread of infection and patients are warned not to become blood donors.

No case of jaundice attributable to injections was reported during the year.

Glandular Fever

The incidence shown by notification remains remarkably constant. There were 100 cases this year, compared with 98 last year and 85 in 1967. Young adults again appeared to be the most susceptible members of the population, 84% of cases occurring in the 15–25 age group. Cases were sporadic both in time and place. The 52 cases amongst undergraduates were scattered amongst no less than twenty-five different colleges, eleven of which had only 1 case, two had 5 cases each and one college had 4 cases. Nurses escaped fairly lightly this year, only 6 cases being reported.

Influenza

In common with the rest of the Country, a widespread outbreak of Influenza A (Hong Kong strain) started in December. The disease was mild to moderate in severity, and though essential services were stretched, there was no breakdown due to massive staff absences. There were 4 deaths directly attributable to influenza in December and in January 1970 the number increased to 16 deaths. Also early in 1970, deaths from bronchitis and pneumonia increased four fold. School attendance remained over 90% on average until the last week of the winter term, when it fell to 87% (81% in the worst hit school). Rather surprisingly, attendance was 91% early in January at the start of the Easter term and remained over 92% throughout the following weeks.

The number of local claims for sickness benefit are often an index of the progress of an influenza epidemic. The normal seasonal weekly average of 500–600 certificates rose to 872 in mid December and to 2,753 by the end of the month. There was a further climb to 2,869 in the second week of January, but this proved to be the peak and was followed by an equally rapid fall back to 670 at the end of January.

Vaccination against Influenza was not advised except for patients with chronic heart, chest or kidney disease. Present vaccines which may produce unpleasant side effects, do not give very effective protection, which is also short lived, so that routine vaccination of medical, nursing and public services' staff was not recommended.

Warts

Two recent reported surveys of the epidemiology of verrucas stimulated a re-appraisal of the advice that should be given in the perennial conflict between swimming and transmission of these warts. After discussion with Dr. H. R. Vickers, Consultant Dermatologist to the United Oxford Hospitals, it was agreed that the benefits of swimming, far outweigh the very minor risk of transmission of verrucas and that it was no longer justifiable to exclude school children with warts from swimming baths. This advice was circulated to bath attendants and all head teachers in the City.

CASES OF INFECTIOUS DISEASES NOTIFIED FROM HOSPITALS

	Slade Hospital	Radcliffe Infirmary	Other Hospitals
Sonne dysentery	8	1	4
Ophthalmia neonatorum ..	—	2	—
Infective hepatitis	6	1	—
Glandular fever	15	7	—
Encephalitis-infective	—	3	—
Food poisoning	6	—	1
Measles	1	—	1
Typhoid fever	2	—	—
Acute meningitis	—	1	—
	38	15	6

Notifiable infectious diseases since 1950

Disease	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	39	76	102	136	35	23	24	29	56	94	118	56	70	37	23	14	13	38	29	32
*Erysipelas	24	15	18	20	21	16	1	10	10	8	13	17	8	12	7	8	12	—	4	—
*Puerperal Pyrexia	53	64	126	117	105	149	116	93	100	47	47	41	26	41	78	37	17	8	11	—
Ophthalmia neonatorum	18	13	18	47	47	37	64	64	50	14	18	18	4	1	2	1	—	3	6	2
Pemphigus neonatorum	2	3	1	2	—	1	—	1	—	1	2	2	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	986	1294	461	2376	13	1001	888	1220	139	1117	409	1711	429	1593	280	1285	449	321	306	193
Whooping Cough	586	741	71	367	302	90	29	213	23	40	55	80	2	41	87	21	33	180	78	6
*Pneumonia	79	96	64	91	71	81	65	71	51	56	22	34	22	38	16	11	11	22	14	—
Poliomyelitis—																				
Paralytic	7	4	4	6	2	13	1	6	1	—	—	1	—	—	—	—	—	1	—	—
Non-Paralytic	1	—	—	—	—	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis																				
Infective	1	1	—	1	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	4
Post-infectious	—	1	—	—	—	—	4	—	—	—	—	1	—	1	—	1	1	1	—	—
Meningococcal infection	—	4	2	5	3	6	—	2	3	2	2	3	—	—	1	—	3	1	1	2†
Typhoid Fever	2	—	—	—	—	1	1	—	—	1	—	—	1	1	—	—	2	1	—	2
Paratyphoid	2	—	—	—	2	2	—	—	—	2	2	1	—	2	1	—	—	1	2	1
Bacillary Dysentery	30	255	68	79	233	66	526	127	28	90	125	101	20	68	79	116	50	79	106	40
Amoebic Dysentery	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1	—	—	—
Food Poisoning	10	21	40	25	37	119	154	21	72	26	23	6	13	100	39	68	11	7	210	35
Infective Hepatitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	28	26	129
Glandular Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	85	98	100

*Ceased to be notifiable w.e.f. 1st October, 1968.

†Meningococcal infection includes all diseases notified as Acute Meningitis in 1969.

Age and Ward of all notified infectious diseases in 1969

Notifiable Diseases	Cases notified in whole district Ages in years													Total number of cases in each area							
	At all ages	Under 1 yr.	1–	2–	3–	4–	5–	10–	15–	20–	35–	45–	65–	S'town and W'cote	North	West	South	East	H'ton and M'ton	Cowley and Iffley	Black-bird Leys
Scarlet fever	32	—	1	1	3	3	18	2	3	1	—	—	—	1	5	—	3	7	7	6	3
Ophthalmia neonatorum	2	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—
Measles	193	9	12	17	24	28	92	3	4	4	—	—	—	12	2	2	31	12	64	42	28
Whooping cough	6	1	1	1	—	—	3	—	—	—	—	—	—	1	—	1	—	—	—	3	1
Acute encephalitis-infective	4	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	4
Acute meningitis	2	—	—	—	—	—	—	—	—	1	1	—	—	—	2	—	—	—	—	—	—
Typhoid fever	2	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1	—	—	—	1	—
Paratyphoid	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—
Bacillary dysentery	40	2	5	3	1	8	5	5	1	4	2	4	—	2	2	5	1	4	17	2	7
Food poisoning	35	3	—	1	—	—	2	1	4	10	7	6	1	7	8	1	2	1	14	—	2
Infective hepatitis	129	—	—	1	3	2	36	24	8	39	10	5	1	3	8	4	2	4	17	16	75
Glandular fever	100	—	—	—	1	—	2	6	28	63	—	—	—	10	51	11	15	1	3	6	3
	546	17	19	24	33	42	160	41	48	123	21	16	2	36	79	25	54	31	122	76	123

(b) THE SLADE HOSPITAL. Infectious Diseases Department

The arrangement by which the Medical Officer of Health, with the assistance of his Deputy, is responsible to the Board of Governors of the United Oxford Hospitals for the clinical control of the infectious diseases patients at the Slade Hospital has continued to be of the greatest value to all concerned.

Dr. B. W. Lewis, M.B., B.S., D.C.H., Resident Medical Officer, resigned in August, and the following report, included by reason of the fact that the infectious diseases patients at the Slade Hospital are so very closely connected with the epidemiological work of the Health Department, has been prepared by his successor, Dr. I. McD. Jessiman, M.B., B.Chir., D.C.H.

"The total number of admissions was 478, of which 263 were children (under 15) and 215 adults. This is a considerable increase on the past few years but still just below the figure for 1964.

The overall pattern of admissions has not greatly changed, non-specific gastroenteritis again accounting for the largest number. Of these cases, 56% were under 2 years of age, rather less than last year, whilst 36% were under 1 year, almost the same proportion. The distribution throughout the year changed, however, only 30% occurring in the first four months. Nine cases (12%) were associated with an upper respiratory tract infection.

The gastrointestinal disorders caused by salmonellae (excluding typhoid and paratyphoid) have advanced markedly this year to account for 21 cases, including typhimurium 10, enteritidis 5, panama 2, single cases of heidelberg, brandenburg, newport, and one mixed infection of bovis and infantis.

Dysentery has risen slightly, there being 19 cases of shigella sonnei infection. There were two cases of typhoid fever. One patient had recently spent a holiday in Naples: her daughter was also admitted with diarrhoea and fever although Salmonella typhi was not isolated from her. The other case was a patient who had lately returned from Australia in the liner *Angelina Lauro;* it was interesting that the incubation period from leaving the liner to the development of symptoms appeared to be 26 days. Four cases of paratyphi B were admitted, three occurring in an Italian family, probably acquired during a holiday in Rome, and the fourth quite independently in an Italian lady in whom the source could not be traced.

Other intestinal diseases included five cases of infantile gastro-enteritis associated with E. Coli (two 026, one each 086 and 0128 and one with both 026 and 086).

The virus infections as a whole seem to have advanced up the table and it will be easier to deal with them all as a group. Following glandular fever, which has retained its position as second in the chart, hepatitis has advanced markedly to third place. Of 22 cases, one was a girl of 14 suffering from serum hepatitis, the result of self-administration of drugs.

Mumps accounts for the next largest number of cases and amongst these were four cases of meningo-encephalitis aged 6, 9, 25 and 30 years. Three of the 17 cases of chickenpox developed meningo-encephalitis, one aged 16, another 7 who died, and one aged $4\frac{1}{2}$ years. Among the 12 measles cases were four aged 15 or 16; one child aged 10 months was sent in on suspicion of encephalitis following measles vaccination.

The number of cases of influenza appears small in view of the recent epidemic and many of them were in fact admitted in the early days of the outbreak before the cause of their illness was clear. Later on, when the hospitals were under pressure as a result of nursing staff shortages, cases were admitted to the Radcliffe Infirmary. Three of the children were members of a family who had lost two sibling the previous winter from fulminating respiratory tract infections, and influenza A_2 virus was isolated from two of them. One adult was a social admission over Christmas as there was no one to look after her at home; another was a male nurse resident in the hospital, and a third was sent in for persistent vomiting. The remainder were admitted with respiratory complications.

There were six children with herpes simplex stomatitis and one adult with herpes simplex of the chin and eye.

Virus meningitis was diagnosed in four cases, three being due to Coxsackie A 9, and E.C.H.O. 7 and 9 respectively.

Two respiratory cases, one of bronchiolitis (age 7 weeks) and one of pneumonia (age 5), were found to be due to respiratory syncytial virus.

Upper respiratory tract infections, although appearing lower in the table, account for the same number of cases as last year. Pneumonias, after excluding those complicating measles (one), pertussis (one) and influenza (three), were similar in number to last year, as were cases of tonsillitis and quinsy. The group of bronchitis, bronchiolitis and laryngo-tracheo-bronchitis seems to have increased in number, and this year otitis media accounted for 14 cases. Pertussis, however, produced only four cases, all bacteriologically confirmed. There were four cases of illness due to streptococcal infection, of which three had scarlet fever. Among the more unusual illnesses were two cases of toxic epidermalnecrolysis, one in a woman of 80, thought to be due to carbimazole, and one in a child of 6 due to staphylococcus aureus (but *not* phage type 71). There was one case of H. influenzae meningitis. A single case of roseola infantum was admitted. Brucellosis occurred in a dairy farm worker, and sarcoidosis presented in a young man as erythema nodosum. There was one case of scabies.

Seven cases died this year, two after transfer elsewhere. A man of 89, admitted from another hospital for a carbuncle on his neck, died unexpectedly and at post mortem was found to have developed acute pulmonary oedema. A woman of 87, admitted with facial herpes, succumbed to bronchopneumonia. A woman of 84, found collapsed at home with severe diarrhoea, was thought to have had chronic renal failure and died as a result of superimposed acute damage. Another woman of 80 admitted with mild diarrhoea and vomiting had had "heart trouble" for some years and died 11 days after admission from congestive cardiac failure due to myocardial infarction. A man of 66, with past ischaemic heart disease, was admitted for gastroenteritis and died in cardiac failure the same day. Of the two who died after transfer, one was a woman of 40 who had been taking nortryptilene and was admitted with gastroenteritis. She developed paralytic ileus and was transferred for laparotomy on suspicion of perforation; she failed to rally and died later from pulmonary emboli. The other was a child of 7 with post-varicella meningo-encephalitis who died after transfer to the respiratory unit at the Churchill Hospital.

Summary of Admissions to the Infectious Diseases Wards at the Slade Hospital during 1969

	Adults	*Children*	*Total*
Gastroenteritis, non-specific	19	56	75
Glandular fever	31	1	32
Hepatitis { Infectious	14	7	22
Hepatitis { Serum	—	1	22
Salmonella infection	14	7	21
Dysentery	5	14	19
Mumps	9	10	19
Chickenpox	12	5	17
Upper respiratory tract infection ..	—	15	15
Otitis media	—	14	14
Tonsillitis and quinsy	8	6	14
Pneumonia	4	9	13
Measles	4	8	12
Bronchitis, bronchiolitis, laryngo-tracheo-bronchitis	1	9	10
Influenza	6	4	10
Urinary tract infections	3	7	10
Herpes simplex	1	6	7
P.U.O.	6	1	7
Infantile gastroenteritis (E. Coli) ..	—	6	6
Typhoid and paratyphoid	5	1	6
Rubella	1	4	5
Herpes zoster	4	—	4
Pertussis	—	4	4

Virus meningitis	2	2	4
Scarlet fever	—	3	3
Nephrotic syndrome	1	2	3
Erysipelas	2	—	2
Toxic epidermalnecrolysis	1	1	2

Miscellaneous single cases included roseola infantum, scabies, brucellosis and erythema nodosum. Eight mothers were admitted in company with their sick children."

(c) TUBERCULOSIS

The staff engaged in carrying out the duties of the Local Health Authority with regard to Tuberculosis under Section 28 of the National Health Service Act, 1946 continued as previously but after 31st March, 1969, no grant was made to the United Oxford Hospitals.

B.C.G. scheme for the University and Colleges of Further Education

Protection against tuberculosis by means of B.C.G. vaccination was made available to undergraduates at the University and students at the Colleges of Further Education. Clinics were held at Greyfriars in February and November, and students were invited to attend for Heaf testing and vaccination. No members of the Colleges of Further Education availed themselves of this offer.

Figures for undergraduates attending were as follows:—

	1967		1968		1969	
Number attending for Heaf test	124		201		89	
Number attending second session for reading and B.C.G.	110	89%	184	91%	75	85%
Number given B.C.G. ..	76	69%	127	69%	46	61%
Number Heaf positive ..	34	31%	57	31%	29	39%
Number having previous B.C.G. who were Heaf positive	7		7		5	
Corrected Heaf positive reactors	27	21%	50	24%	24	32%

The follow up of positive reactors did not reveal any active tuberculosis.

All freshmen are encouraged to attend this clinic by the University Registry, but the response has been poor this year. Many of those attending are foreign students. Since B.C.G. vaccination for 13 year old school children was first suggested in 1953, and has been performed in Oxford since 1954, it is probable that many undergraduates will have received this vaccination at school. This information is not however available.

Because of the limited response, it has been suggested that the scheme should consist of only one session during the year. However, two sessions will be held in the coming year in order to offer undergraduates a choice in a final attempt to stimulate wider acceptance of the B.C.G. vaccination scheme.

TABLE A

New cases and mortality during 1969

Age periods	New cases				Deaths			
	Pulmonary		Non-pulmonary		Pulmonary		Non-pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
0–	—	—	—	—	—	—	—	—
1–	—	—	—	—	—	—	—	—
2– 4	2	—	—	—	—	—	—	—
5– 9	4	4	—	—	—	—	—	—
10–14	—	1	2	—	—	—	—	—
15–19	1	1	—	—	—	—	1	—
20–24	3	2	—	—	—	—	—	—
25–34	4	3	2	2	—	—	—	—
35–44	8	1	2	1	—	—	—	—
45–54	2	2	3	1	—	—	—	—
55–64	2	3	—	1	—	1	—	1
65–74	3	2	—	1	—	—	—	—
75 and over	—	2	—	—	—	—	—	—
	29	21	9	6	—	1	1	1

TABLE B

Progress of notification

Year	Pulmonary	Non-pulmonary	Total
1950	113	11	124
1951	85	4	89
1952	74	10	84
1953	101	18	119
1954	116	15	131
1955	110	22	132
1956	94	11	105
1957	84	8	92
1958	63	7	70
1959	66	11	77
1960	75	10	85
1961	53	7	60
1962	71	5	76
1963	70	25	95
1964	97	17	114
1965	71	5	76
1966	52	7	59
1967	60	8	68
1968	43	8	51
1969	50	15	65

Dr. F. Ridehalgh reports as follows:—

Tuberculosis notifications in Oxford during 1969 reached their highest level since 1967, with a total of 65 cases as compared with 51, 68 and 59 in the three preceding years. Of these, 11 cases were of primary infection in children, 15 were non-respiratory and 39 were adult respiratory cases.

Thirteen of the non-respiratory cases occurred in adults, 7 men and 6 women. There were 4 male cases of glandular tuberculosis, all in Pakistanis, one Spanish and one Polish woman with tuberculous glands. The remaining 7 cases included 3 male and 3 female cases of renal tuberculosis (one in a female Pakistani) and one female case of pelvic tuberculosis. Seven of the 13 notifications in children were found in the families of Pakistani or Indian immigrants.

Of the 39 adult respiratory cases, there were 23 in men and 16 in women. Sixteen male and 7 female cases occurred in persons aged under 45 years (7 below age 25) and only 5 in men aged 55 and over. One case was found in an Indian student, and one in a student nurse.

University Survey

During the academic year 1968–69, X-ray examination was offered to 6,542 members and staff of the University, and accepted by 5,392 or 83%. This survey revealed one active and eight apparently inactive cases. By the standards which the Department of Health and Social Security is currently applying to Mass Radiography Units, this rate of case-finding would be regarded as uneconomic. It represents a very considerable task willingly accepted by the radiological staff of the United Oxford Hospitals to whom I offer my sincere thanks. With the increasing cover given by B.C.G., even to the slower-moving and more reactionary independent schools, the risk of tuberculosis in the undergraduate population is clearly diminishing. More important is to ensure that senior members, college servants, and University staff in departments other than colleges are offered and urged to accept X-ray examination. I am grateful to Mr. Vice-Chancellor for his prompt and vigorous support following the discovery of an open case in a college servant who had waited at table for many years but had never been X-rayed. The discovery early in 1970 of an obviously long standing open case in a University librarian points the moral.

Tuberculosis in immigrants

The main features have been mentioned. Of 65 total notifications, 23 were in immigrants, distributed as follows:—

	Adults	*Children*
Pakistani or Indian	12	7
Chinese	1	1
European	2	–

The total number of immigrants skin-tested and subsequently given B.C.G. or a chest X-ray has increased since 1968 as shown in the following table:—

Immigrants 1969—1968 *figures in brackets*

Total attendances	148	(124)
X-rayed	80	(88)
Tine tested	140	(123)
Negative	71	(60)
Positive	69	(63)
Vaccinated	69*	(60)

*two refused vaccination.

It appears that some immigrants were not located for initial tuberculin testing, and it is possible that other names and addresses fail to reach us from the points of entry. So far as those located are concerned, the scheme works well and with a good will.

Contacts

A total of 393 new contacts were examined at the Chest clinic. This included family, domestic, work and social contacts, but not large special groups such as the staff of the telephone exchange where a full survey using the Mass Radiography Unit followed the discovery of a case of acute open tuberculosis in an Indian technician. Fortunately, this revealed only one clinically insignificant and unrelated case. In the modern jargon of value-analysis, was this an unproductive effort?

Deaths

There were 13 deaths of persons on the tuberculosis register. One case was due to cardio-respiratory failure resulting from old tuberculous fibrosis. In 11 cases, tuberculosis was non-contributory.

Bacterial resistance to drugs

Some degree of bacterial resistance to anti-tuberculous drugs is known to exist in 3 cases in Oxford and these continue to present a problem. Even with the use of the new and effective drugs such as Rifampicin and Ethambutol, long periods with negative cultures are being followed by the disappointing reappearance of bacilli. Two cases of Kansasii and one of avian disease are currently under treatment.

General

The statistics of tuberculosis, viewed in the calm atmosphere of a non-clinical office, continue to be reassuring as indeed they have been for a century or more. Even so, 65 notifications of a potentially lethal infectious disease in this City, with the source of infection demonstrated in hardly any, would still seem to be a matter for concern. Certainly, nobody handling tuberculosis at the point of diagnosis can feel anything but disturbed at the steady whittling away of mass diagnostic methods such as Mass Radiography. If value judgements were based, not on cases found per thousand mass X-rays but on the economic value of a rapid return to work and the abolition of infectivity in people who might otherwise

have died, and who would certainly have disseminated their infection, the proper conclusion might be drawn that as tuberculosis becomes rarer, the more effort must be put into case finding.

Infectivity apart, the environmental problems of tuberculous and non-tuberculous respiratory cripples have much in common, and we are fortunate in the Chest clinic to have the means and the habit of co-ordinating the clinical, preventive and social approach to all our patients. Clinical medicine has given us the means of adding years to the life of the formerly neglected respiratory cripple; the problem is to add life to those years. Our health visitors, medical social workers and occupational therapists play a key part in this. Environmental care is no less important than medicine. Rehousing in a ground-floor dwelling, the provision of an extra W.C. (even when it involves months of bureaucratic tangling) can transform the life of a bronchitic. The Care Committee, with its broadened provision, has again played a vital part in filling the gaps between official welfare arrangements. It is a great privilege to lead a team of such excellence, and a continued encouragement to know how well their quality is appreciated by our patients.

(d) VENEREAL DISEASE

In connection with Section 28 of the National Health Service Act, 1946, relating to the prevention of illness and after-care, the City Council accepts responsibility for 2/11ths of the salary of a medical social worker who spends about a quarter of her time on venereal diseases work.

The following table summarises the work of the clinic held at the Radcliffe Infirmary and compares this year with the three previous years. It should be noted that the figures given in the table includes patients from a wide area around Oxford served by the Radcliffe treatment centre.

	1966		1967		1968		1969	
	Male	Female	Male	Female	Male	Female	Male	Female
Syphilis—								
primary	—	—	1	—	2	—	1	—
secondary	5	—	7	—	3	—	2	1
cardio-vascular ..	—	—	—	—	—	—	1	—
of the nervous system	—	—	—	2	1	—	—	—
latent	14	4	9	1	8	8	4	8
congenital—								
under 1 year ..	—	—	—	—	—	1	—	2
congenital—								
under 15 years ..	—	2	—	—	—	—	—	—
Total	19	6	17	3	14	9	8	11
Gonorrhoea ..	142	32	107	28	156	43	145	61
Other conditions ..	358	148	378	114	391	165	530	268
Undiagnosed ..	3	1	8	6	4	10	1	—
Total new patients	522	187	510	151	565	227	684	340
Total attendances	1,680	663	1,653	572	1,795	795	1,987	1,178

The incidence of new cases of venereal disease in City residents 1950–1969 is given in the following table:—

	Males		Females	
	Syphilis	Gonorrhoea	Syphilis	Gonorrhoea
1950	14	9	9	6
1951	8	10	6	3
1952	7	25	5	8
1953	8	16	3	13
1954	6	21	7	13
1955	6	27	4	25
1956	6	32	8	17
1957	7	38	2	12
1958	7	62	7	6
1959	5	70	1	16
1960	4	77	3	14
1961	1	104	2	20
1962	7	143	9	26
1963	10	145	4	40
1964	6	125	3	38
1965	10	119	5	47
1966	13	95	2	24
1967	13	64	1	15
1968	9	96	6	29
1969	6	93	7	40

Dr. P. C. Mallam reports:—

As will be seen from the report of the medical social worker, the year has seen an increase in total attendances amounting to over 30%. Although gonorrhoea has shown a slight drop in males, re-infection remained high following a fresh exposure. These form a noticeably irresponsible group who tend to default as soon as their symptoms of gonorrhoea have completely cleared but before the 14 week serological tests have been done. For them, treatment appears to be almost too easy! 40% of males were of foreign extraction and half of these were West Indians.

Cases of non-specific urethritis, mostly very mild, increased in number: and many had had previous attacks. This condition still remains a clinical problem both as regards accurate diagnosis and treatment. Early syphilis is not really a major problem and gives no cause for worry.

Whether the clinic will continue to work at the Radcliffe Infirmary, which would appear to be the most suitable location, or be moved to the Headington site, has not yet been settled. Space and facilities for on-the-spot tests, especially for staining and examining slides, is an important need: but until more room is available in the Out-patient department it is difficult to see how this facility can be provided despite the frequent delay in diagnosis consequent on its lack.

The usual teaching of students and lectures to nurses, pupil midwives, etc., have followed the normal pattern. Miss Wilson, our medical social worker, has been replaced by Mrs. Mercer who was with us before, and

although we are sorry to lose the former, we are glad to welcome the latter back to the clinic. The staffing, as far as male nurses are concerned, is excellent and one hopes this will remain unchanged.

Dr. Stephanie James and Dr. G. Pritchard are definitely in need of a further general practitioner assistant in the female clinic. Should one of them be away for any reason, their work has become too much for a single doctor to handle efficiently, and getting a locum as and when required is not always possible. This matter has already been brought to the notice of the hospital administrator. Regarding the male medical staff, Dr. Stewart resigned his post as general practitioner assistant at the end of September and Dr. A. E. Finnigan joined in his place. My own retirement is due at the end of February 1970 and Dr. H. A. Dempsey is also leaving at the same time. There will then be only one general practitioner, namely Dr. Finnigan, on the male side of the clinic and two replacements are urgently needed.

In conclusion might it be stressed yet again that cases of urethritis seen outside the hospital in doctors' surgeries should always have slides taken for examination (even if not reported on) before any kind of treatment is given.

Dr. Stephanie James reports:—

This year has been increasingly busy in the female clinic—our busiest month was November when attendances were 134 compared with 98 last year. This has meant that the medical staff, the medical social worker, out-patient sister and her staff, and Mrs. Kelly, our secretary, have been working to capacity. The latter's hours of work for the Special Clinic have had to be increased so that she is able to keep up with the work. There has been a 50% increase in new cases of gonorrhoea. There were two more cases of syphilis, both being babies with weak positive serology even though the mothers had two courses of penicillin during pregnancy.

Owing to the pressure of work routine cervical cytology has had to be dropped and confined to the unhealthy looking cervix only. Each new patient has routine blood tests, urethral and cervical culture and smears, rectal culture in contacts of gonorrhoea and wet films to look for trichomonas and monilia. Each patient has three negative sets of tests and repeat serology after three months, before being discharged.

Some of the increase in attendances has been due to excellent contact tracing by our medical social workers, Miss A. Wilson and Mrs. B. Mercer. This is an essential part of the clinic organisation helping in the reduction of untreated cases of active venereal disease.

Dr. G. Pritchard has continued her invaluable help in the clinic and has undertaken the necessary lumbar punctures at the Slade Hospital. Sister Bowell and her staff have ensured the smooth running of the clinic with their usual cheerfulness and friendliness to staff and patients.

Mrs. B. Mercer reports:—

There has been an increase of 32% in the number of new patients attending the clinic (1,024 compared with 792 last year). There has been an increase in the total attendances of all patients with syphilis, gonorrhoea and other conditions (Table 1).

There has been very little appreciable change in the number of new cases of syphilis, and all primary and secondary cases were in the age group 25 and over.

There has been a small rise in the number of new cases of gonorrhoea. As will be seen from Table II, a large proportion of the increase can be found in the Age Group 18–19, which has more than doubled.

The general impression is that for many of these young people, infection by venereal disease is but one more link in their chain of hopelessness and depression. They are unable to find a purpose in life and feel that they themselves have little to offer, except perhaps the transitory satisfaction of a short-term sexual relationship. There seems to be a definite pattern of broken or unhappy home backgrounds with consequent emotional deprivation and inability to form satisfactory relationships.

Some of the increase in female patients attending the clinic may be due to more efficient contact tracing. The increase may also be due to a greater public awareness of the need for investigation and treatment if they have risked infection. It may be that some television and radio programmes have been successful in this respect.

The Medical Social Worker continues to see the majority of female patients on their first or subsequent attendance at the clinic. It is a source of regret that it has not been possible within the present circumstances to extend a similar service to the male patients. Most of the assessment and supportive casework tends therefore to be done in the smaller women's clinic. The patients come with a variety of problems. Depression and a sense of insecurity need to be recognised as causative factors in an understanding of women with numerous casual sexual relationships. They may be unable to make and maintain lasting relationships. Support and understanding of the problems to be faced, which the Medical Social Worker can give, can be immensely helpful.

A first attendance at a Special Clinic is a difficult experience, patients may fear that the reason for their attendance may become known to friends or acquaintances. The complete confidence within which every patient is treated and the reassurance from the staff of the clinic enable many patients to accept treatment and they find subsequent visits very much easier. Patients, both men and women, who attend the clinic in a

TABLE I

Total attendances of all patients

	1966		1967		1968		1969	
	Male	Female	Male	Female	Male	Female	Male	Female
Syphilis	91	33	88	25	87	24	80	49
Gonorrhoea	491	140	304	64	412	85	414	194
Other conditions	1,098	490	1,261	483	1,296	686	1,493	935
Total	1,680	663	1,653	572	1,795	795	1,987	1,178

TABLE II

Age groups of new cases of gonorrhoea

	1949	1959	1966		1967		1968		1969	
	Total	Total	Male	Female	Male	Female	Male	Female	Male	Female
Under 16			—	1	—	—	2	—	—	1
16–17 years			1	2	1	5	2	9	3	8
18–19 years			8	2	8	4	9	6	16	15
20–24 years			49	12	32	11	69	17	63	22
25 and over			80	13	66	8	74	11	63	15
Total	19	86	138	30	107	28	156	43	145	61

distressed state or feeling very guilty—and this is a common experience—may be able to use the Medical Social Worker's acceptance and understanding of him or her to come to terms with himself or herself, and the problem. Most helpful in this respect are the Health Visitors in City and County who continue to visit at home those patients who default or who are reluctant to attend the clinic for whatever reason.

The Medical Social Worker has given help to patients with marital problems. The necessity for attendance at a Special Clinic may present a point of crisis where casework help may be effective.

Miss Wilson is no longer working in the Special Clinic and Mrs. Mercer returned in October as Medical Social Worker. Mrs. Kelly continues as Secretary and her sympathetic reception of patients is much appreciated.

TABLE III

Country of origin of new cases of syphilis and gonorrhoea in City residents

	Gonorrhoea		Primary and secondary syphilis	
	Male	Female	Male	Female
West Indies	22	2	2	—
Africa	1	—	—	—
Asia	3	1	—	—
Mediterranean	4	—	—	—
United Kingdom	53	35	—	—
Eire	6	—	—	—
Europe	3	2	1	—
Other	1	—	—	—
Totals	93	40	3	—

(e) VACCINATION AND IMMUNISATION

1. Vaccination against Smallpox

Successful vaccinations performed during the year:—

Age at date of vaccination	Primary	Re-vaccination
0– 2 months	—	—
3– 5 months	7	—
6– 8 months	22	—
9–11 months	124	—
12–23 months	923	—
2– 4 years	162	28
5–14 years	27	117
15 and over	1	41
Total	1,266	186

General Practitioners participating in the Council's scheme under Section 26 of the National Health Act 1946 carried out 51 primary and 161 re-vaccinations.

Primary vaccination of infants is the last routine procedure in the schedule of infant immunisation, and is usually carried out at the age of 12 months. An analysis of health visitors records at the end of the year of all two year old children (i.e. those born in 1967) showed that 71.5% were successfully vaccinated against smallpox. This is the highest percentage recorded in a year when there was no national outbreak of smallpox.

The following table shows the comparable figures for the last 10 years.

Year	Vaccination Rate	Comments
1960	71%	Based on figures for babies under 2 years of age
1961	66%	
1962	92%*	
1963	21%†	
1964	57%	
1965	67%	
1966	69%	Based on health visitors' review of 2 year old children
1967	62%	
1968	67%	
1969	71.5%	

*This high rate was due to outbreaks of smallpox in the country.
†National policy changed; vaccination recommended in second year of life.

No serious reaction or complications of vaccination occurred during the year.

The increase in vaccination rate for the second year in succession reflects a lot of hard work on the part of the health visitors in persuading

mothers to accept protection for their children. There is still room for some improvement, but because eczematous children are not vaccinated, the rate can never be 100%. This year no health visitor had a rate of less than 50%, and two achieved an acceptance rate of over 90%.

General practitioners have been supplied with vaccine lymph throughout the year, and the scheme works smoothly. We have also continued to provide the Lister Institute with records showing the potency of various batches. Results for nine batches were recorded, and are shown below.

Batches of Lister Vaccine tested in 1969

Vaccine batch number	Number of vaccinations	Number inspected	Number of successful results	Number of failures	% of successful results
5,302	165	160	158	2	99
5,411	71	70	67	3	96
5,594	238	238	231	7	97
1,157	113	112	107	5	96
1,254	89	88	85	3	98
1,360	82	81	81	—	100
1,480	187	187	176	11	94
1,572	65	65	64	1	98
1,738	69	69	67	2	97
	1,079	1,070	1,036	34	96

Most failures are probably due to faulty technique, and particularly to having too light a touch since at the second attempt vaccination is usually successful. In three children however, the second attempt also failed, and it is possible that they had some natural resistance to vaccinia virus.

2. Immunisation against Diphtheria, Pertussis and Tetanus

The following table shows the number of primary immunisations completed, and the number of reinforcing injections given:—

Number of Children who completed	Children born in years							
	1969	1968	1967	1966	1962–1965	Others under 16	Total for 1969	Total for 1968
A. *Primary Immunisation*								
1. Triple Antigen (DTP/Vac) ..	591	749	36	7	6	—	1,389	1,542
2. Combined Dip/Tetanus Prophylactic (DT/Vac/PTAH) ..	3	8	8	5	65	16	105	94
Totals	594	757	44	12	71	16	1,494	1,636
B. *Booster injections*								
1. Triple Antigen (DTP/Vac) ..	—	2	4	2	4	—	12	44
2. Combined Dip/Tetanus Prophylactic	—	—	3	4	1,167	60	1,234	1,044
Totals	—	2	7	6	1,171	60	1,246	1,088

Five of the primary courses and 12 of the reinforcing doses were given by general practitioners. As in previous years, the rest of the immunising injections were given at child health clinics.

General practitioners are notified by form E.C.7 when children on their lists have completed a course of immunisation.

Triple Antigen is given as the first of the routine immunisation procedures by three injections at monthly intervals starting at the age of four months. This scheme is at variance with the national one, but it was felt that the easier acceptance of the scheme by parents, and its advantage in bestowing immunity to whooping cough early in the child's life outweighed any slight advantage in the resulting strength of immunity claimed by the national scheme.

During the year an adsorbed triple vaccine was introduced by Glaxo, which produced fewer general reactions and gave a better antibody response, according to published reports. This vaccine was adopted in July. The following table shows the reactions to triple vaccine of all children born in 1969, and who received completed courses of injections within the year. The figures relate to the number of injections.

	Plain Triple Antigen		Adsorbed Triple Antigen	
	No. of injections	%	No. of injections	%
General reaction	81	10.0	53	4.3
Local reaction	20	2.5	126	10.0
No reaction	703	87.5	1,054	85.7
Total	804	100	1,233	100

General reactions have been more than halved by the use of the new vaccine, but local reactions were four times as common. However, 121 (96%) of the local reactions were only painless lumps felt in the muscle of the arm. They are to be expected with an adsorbed vaccine, and slowly disappear. In four cases following each variety of vaccine the child screamed for some hours, a rather uncommon but well recognised reaction to triple antigen.

At the end of the year a study of health visitors records for two year old children (1967 births) showed that 96.5% of these children had been immunised against diphtheria, tetanus, and whooping cough. For the second year in succession this is the highest figure recorded.

Comparable figures for the last ten years are:—

1960	.. ..	88%
1961	.. ..	91%
1962	.. ..	92%
1963	.. ..	89%
1964	.. ..	90%

1965	..	..	93%
1966	..	..	93%
1967	..	..	92%
1968	..	..	94%
1969	..	..	96.5%

All the health visitors achieved a rate of 89% or higher amongst the children in their practices. The 3.5% unimmunised represents only 46 children.

There was a big fall in the number of notifications of whooping cough; only 6 cases, as against 78 last year and 180 in 1967. All six cases occurred in the first four months of the year, details are as follows:—

Age in years ..	0–1	1–	2–	3–	4–	5–9	Over 10	Total
Notifications ..	1	1	1	–	1	2	–	6
Immunised ..	–	1	–	–	–	1	–	2

All the children had definite clinical evidence of the disease. Two had a mild, three a moderate, and one a severe attack, as judged by the number of paroxysms per 24 hours.

In the two immunised children the details are as follows:—

Age of child at onset		Age at first DTP/Vac. Injection		Interval between last injection and onset		Severity
Years	months	years	months	years	months	
6	4	–	4	5	8	Severe
1	7	–	4	–	10	Mild

During the last few years a new antigenic strain namely the 1:3 type of the bordetella pertussis, has appeared. Antigens of this type were not incorporated into vaccines until about 1966, so that the child with the severe disease may not have been very well protected.

The City took part in a national survey of the efficacy of whooping cough vaccine organised by the Public Health Laboratory Service in 1966–67. The survey was reported this year and showed that 56% of fully vaccinated children who were contacts of a case in the home developed pertussis. This means that pertussis vaccination had not been very effective in protecting these children. The big decline in the number of notifications of the disease in the last year, may indicate that present vaccines are once more effective. The story of whooping cough vaccination shows the need for continuous monitoring of all vaccination schemes if we are to be in a position to detect any sudden or unexpected change in the efficiency of vaccines.

3. Poliomyelitis vaccination

Children are given three doses of oral (Sabin) vaccine at monthly intervals beginning at the age of seven months. They receive a further, booster dose at primary school entry.

The table below shows the number of persons vaccinated against poliomyelitis during the year.

	Sabin vaccine	
	Full course	Booster doses
Children born in 1969	249	—
Children born in 1968	1,072	3
Children born in 1967	96	5
Children born in 1966	19	9
Children born in 1962–1965	148	1,377
Others (under 16 years)	26	106
Others (over 16 years)	89	343
Total	1,699	1,843

During the summer, there were reports of poliomyelitis on the Costa Brava in Spain. People intending to go there on holiday were advised to have a full course of poliomyelitis vaccine, or a booster dose. This accounts for the larger number of adults vaccinated.

One hundred and fifty three school children received a full course of vaccine on school entry. This compares with 123 children last year and 158 children in 1967. Any child about whom there is doubt as to his vaccination status, is given a full course of vaccine.

The health visitors returns of the immunisation state of two year old children in their practises, i.e. those born in 1967 show that 95.5% have received poliomyelitis vaccine. The position for the last ten years is given in the table below.

Year	Vaccination Rate	Comments
1960	over 90%	Estimated vaccination rate for all children born since 1943. Salk vaccine.
1961	96%	
1962	60%	Based on figures for babies 1–2 years of age. Sabin vaccine introduced in March 1962.
1963	67%	
1964	68%	
1965	91%	Based on Health visitor's review of 2 year old children.
1966	93%	
1967	91.6%	
1968	93%	
1969	95.5%	

The United Oxford Hospitals were supplied with 1,900 doses of vaccine, and local factories with 320 doses.

4. Measles vaccination

Vaccination against measles has now become part of the routine scheme of primary immunisation in infancy. It is performed, by means of a single injection of live vaccine, at ten months of age. Vaccine has been provided, as in previous years by the Medical Research Council. The situation has now been reached where most of the child population of the City is immune to measles, either by receiving vaccination, or by a natural attack. The number of children vaccinated has therefore fallen, to a level approximately equal to the number of children born in each year.

The following table shows the number of children vaccinated, and number of cases of disease notified.

Year	Number vaccinated against measles	Number of cases of measles notified	Number of cases in the vaccinated	Comments
1965	84	1,285	10	Epidemic year. Follow up of trial.
1966	2,167	448	7	Intensive measles vaccination started in May.
1967	2,397	321	15	Epidemic year in surrounding areas.
1968	2,113	306	19	Change from Killed and Live to Live vaccine alone in June.
1969	1,398	193	20	
Total	8,159	2,553	71 (2.7%)	

An analysis of health visitors records of two year old children (those born in 1967) shows that 76% have been vaccinated, and a further 5% are known to have had the disease. This is an increase over previous years, as the figures below show.

Year	Vaccination Rate
1967	.. 53%
1968	.. 66%
1969	.. 76%

During the year 20 cases of measles occurred in children previously vaccinated. In four of these cases, the illness occurred within two weeks of vaccination, so that it is probable that these were reactions. Of the remaining 16 cases, 14 were mild, and 2 moderate in severity and none developed any complications. The time interval between vaccination and onset of the disease in the 16 cases is very varied as the following table shows:—

Time interval ..	1–6/12	6–12/12	1–2 yrs.	2–3 yrs.	3–4 yrs.	4–5 yrs.
Number of cases ..	2*	1	8	3	–	2

*Live vaccine only—all the rest killed and Live vaccine.

In March, the Department of Health advised all local health authorities that Burroughs Wellcome measles vaccine was being withdrawn from sale, because six cases of encephalitis had followed measles vaccination; as a result Glaxo vaccine has been used since.

In the autumn of 1968, a survey of reactions to measles vaccine was made, and it was decided to repeat this now that a new vaccine was being employed. Glaxo vaccine was reputed to be milder in effect than Burroughs Wellcome vaccine. All vaccinations given during the months of May, June and July were followed up, and reactions recorded. Mothers were asked to return to the clinic after two weeks in order that a questionnaire could be completed. This survey showed that in fact Glaxo vaccine produced fever and less marked reactions than Burroughs Wellcome vaccine as demonstrated in the following table.

		Total	No. unwell	No. with fever	No. with rash
Burroughs Wellcome vaccine	No	286	157	89	84
	%		55	31	29
Glaxo vaccine	No	286	104	49	40
	%		36	17	15

In both series most of the reactions were mild. After Burroughs Wellcome vaccine, 14% of parents showed some anxiety, and in 4% of cases the reaction was unacceptable. Following Glaxo vaccine anxiety was shown by parents in 2.5% of cases, and only 1% of reactions were unacceptable. This further reinforces the view that the Glaxo vaccine is milder.

A similar survey was carried out during the year for the Medical Research Council. The object was to compare Glaxo vaccine with an American vaccine (Moraten). Two groups of seventy children were given either Glaxo or Moraten vaccine and followed up to assess reactions. This survey did not demonstrate any difference between the two vaccines, but the Moraten vaccine was shortly afterwards withdrawn by the manufacturers.

Continuous surveillance, both of reactions and of the incidence of disease in vaccinated children will continue. Such a survey is essential if the true value of measles vaccination to the community is to be assessed.

5. Anthrax vaccine

There were no requests for this vaccine, which became available in 1965.

6. Vaccination for Travellers

(*a*) *Yellow Fever.* Oxford is one of the centres approved by the Department of Health for the provision of Yellow Fever vaccination. A clinic is held weekly at 2 p.m. on Tuesday afternoons.

The demand for this vaccination has continued to increase. A large area is served by the clinic, the nearest alternative centres being Northampton, London and Gloucester. 1,073 vaccinations were performed during the year. The figures for the last five years are as follows:—

1965	816
1966	667
1967	845
1968	978
1969	1,073

The fee for this injection has continued to be £1.

(*b*) *Other diseases.* Travellers are asked to consult their own doctors for any other immunisations necessary. Advice is however given at the clinic as to the necessity for other injections, and the need for malaria prophylaxis.

49 Tetanus Toxoid injections were given to Ambulance personnel.

(f) INFESTATION

(i) Scabies

Twelve cases were reported, five families being involved. Treatment was arranged for each family as a group.

(ii) Pediculosis

(*a*) *Head lice.* Inspections were made by school nurses with the following results:—

	1967	1968	1969
Number of inspections made	26,291	26,081	25,366
Number of children inspected	9,864	11,185	10,460
Number of children infested	136	107	133
Percentage incidence	1.3	.96	1.3

The 133 infested children (85 girls, 48 boys) came from 95 families compared with 75 families last year.

In addition, health visitors treated 4 pre-school children from 3 families and 3 adults from 2 families.

(*b*) *Body lice.* The Chief Public Health Inspector's department dealt with three men with body lice infestation, one being a vagrant and the other two residents in the Church Army Hostel. No cases were reported from the Simon Community Hostel, but unfortunately this has turned out to be only a temporary improvement, as cases have recurred early in 1970. Regular surveillance continued throughout the year.

(g) LABORATORY SERVICES

Your Medical Officer of Health has continued to serve as one of the two Medical Officers of Health on the Public Health Laboratory Service Board for England and Wales.

Bacteriology

Dr. W. H. H. Jebb and his staff at the Public Health Laboratory, Walton Street, Oxford, carry out examinations of specimens from cases of infectious diseases and from contacts and suspected carriers. We are very grateful to them for their ready co-operation.

Virology

Dr. F. O. MacCallum, Consultant Virologist, United Oxford Hospitals, and his staff have been of the greatest assistance in connection with the increasing problem of the investigation of virus diseases.

Food and Drugs

Mr. F. A. Lyne, B.Sc., F.R.I.C., of 220/222 Elgar Road, Reading, Berkshire, has continued as official Analyst to the City, and has at all times been most helpful.

SECTION V

MATERNITY AND CHILD HEALTH

REPORT BY DR. J. GRAY,
M.B., Ch.B., D.P.H.
Principal Medical Officer

A. MATERNITY
(including domiciliary midwifery)

I. Midwives practising in the Area

Number of midwives practising at the end of the year in the area of the Local Supervising Authority:—

(*a*) Domiciliary midwives employed by the Local Health Authority	12
(*b*) Domiciliary midwives employed by Oxfordshire County Council in practice at the General Practitioner Maternity Unit	6
(*c*) Midwives in hospital practice, employed by the Board of Governors of the United Oxford Hospitals ..	51
	69

II The Domiciliary Midwifery Service

1. Administration

Virtually all domiciliary midwifery is undertaken by full-time midwives employed by the City Council. The establishment provides for a non-medical supervisor and assistant non-medical supervisor of midwives, one senior midwife and ten midwives. This includes two part-time midwives employed to help with the nursing of mothers and babies discharged early from hospital and for other duties when necessary.

The City Council provides midwives with suitable transport, either in Corporation cars, or their own cars with a car allowance on the essential user basis. Accommodation is also provided if required and seven midwives occupied Council property, six in fully furnished accommodation and one in an unfurnished flat.

The midwives continued to work in pairs attached to general practices. This method of working has greatly increased the contact between family doctor and midwife.

2. General Practitioner Maternity Unit

The General Practitioner Maternity Unit at the Churchill Hospital continued to function very satisfactorily. Despite a considerable increase in bookings and admissions the overall perinatal mortality rate was very low (1.63 per thousand births), and the further integration of the domiciliary midwifery staff stabilised the running and management of the Unit.

Six hundred and thirteen patients were admitted, an increase of 12% over 1968, and a number exceeding, for the first time, the arbitrary annual case load of 540 per annum originally set. As this laid some strain on the organisation and administration a limitation of 75 bookings a month was re-imposed by the Unit Management Committee in July, which it was anticipated would result in approximately 600 admissions per year in future.

Of these 613 patients, 311 were City residents, and City midwives also delivered 10 Berkshire and 7 Oxfordshire patients, making a total of 328 deliveries compared with 270 in 1968.

The year saw a major change in the midwifery staffing of the Unit when the hospital appointed superintendent left to be married. It was agreed that the City of Oxford should take over the responsibility of providing total midwifery cover, and a financial grant was made to the Health Department by the United Oxford Hospitals to assist with the appointment of the necessary additional staff. As it was found impossible to fill the vacant post of superintendent, the extra duties were taken on by the assistant non-medical supervisor of midwives and an extra midwife was appointed to replace her in the domiciliary service. In addition, a scheme was evolved whereby each City domiciliary midwife in turn did a period of duty within the Unit to deputise for the assistant supervisor.

These staffing re-arrangements, together with the continued co-operation of midwives from the County of Oxfordshire who deliver their own patients, and the assistance of pupil midwives, appear to have ensured a smoothly running administration and organisation, of benefit to general practitioners, midwives and patients alike.

3. Antenatal care

Every mother booked for delivery by a City midwife also books a general practitioner under the Maternity Medical Service. Patients booked for delivery are carefully selected and antenatal care is undertaken by doctor and midwife in close co-operation. It is in the best interest of midwifery that this should be started early in pregnancy. The following table shows the number of midwives' bookings according to the period when antenatal care commenced.

Period of gestation	*Number of bookings* Domiciliary	Unit
Under 12 weeks	66	153
12–16 weeks	59	101
17–20 weeks	16	15
21–24 weeks	3	15
25–28 weeks	3	15
29–32 weeks	2	7
33–36 weeks	—	3
Over 36 weeks	—	1
Unknown	1	1
	150	311*

*This figure excludes 7 Oxfordshire and 10 Berkshire patients.

It is interesting to note that only 5 mothers booked for delivery at home were known to have commenced antenatal care after the 24th week of pregnancy, and in the Unit 26 patients were known to have started antenatal care after that time. Most of these patients had recently moved into the City.

General practitioners continued to hold special antenatal clinics at their surgeries. At the end of the year there were 19 regular weekly sessions at which a midwife or her pupil were present.

The number of cancelled bookings for a home or Unit confinement—i.e. the transferance to a consultant unit booking is some measure of the amount of domiciliary antenatal care that the midwives may undertake prior to the patient being transferred. During the year 32 domiciliary bookings were cancelled, 29 for medical and 3 for social reasons, while for the Unit, of the 87 cancelled bookings, 79 were for medical and 8 for social reasons.

Every effort was again made to ensure that the full range of antenatal blood tests was carried out for each patient. Specimens were examined at the pathology departments of the Radcliffe Infirmary and the Churchill Hospital. Patients were referred to the laboratories if their doctor did not wish to undertake this procedure.

The concerted effort to ensure that all mothers delivered at home or in the Unit had a high haemoglobin level at term was again maintained. Almost every mother has routine iron in pregnancy and the haemoglobin level is re-tested at 34–36 weeks. The midwives are trained to take capillary samples for this purpose. A study of the records of the 461 cases delivered during the year (an overall reduction of 18 cases compared with 1968) shows the following distribution of late pregnancy haemoglobin readings:-

Hb.	*Number of cases* Domiciliary	Unit
61– 65%	—	—
66– 70%	1	3
71– 75%	13	23
76– 80%	32	66
81– 85%	43	95
86– 90%	32	69
91– 95%	24	34
96–100%	4	14
101% or over	—	5
No record	1	2
	150	311

This is an encouraging result in that only one mother booked for delivery at home had a haemoglobin level of 67% in late pregnancy. She was treated with intra-muscular iron and safely delivered without haemorrhage.

Of the three patients booked for delivery in the Unit one had a haemoglobin level of 69%, she was treated with intra-muscular iron. The two whose readings were 70% were given extra oral iron. All were delivered safely.

The taking of blood samples by midwives for routine estimation of postnatal haemoglobin levels was discontinued after due consultation with general practitioners and consultant obstetricians as to their real value.

4. Maternity Medical Service bookings

The distribution of bookings (of mothers delivered at home and in the Unit) under the Maternity Medical Service among doctors in practice in the City was as follows:—

	Domiciliary	*Unit*
30–40 cases	—	1
20–29 cases	—	—
10–19 cases	2	10
5– 9 cases	10	16
1– 4 cases	30	12

These figures apply to City cases only, thus they do not represent the total Maternity Medical Service bookings of the doctors.

5. Work of the individual midwives

Details are shown in tabular form. The figures include deliveries and visits carried out by pupil midwives.

A third table gives an analysis of all domiciliary deliveries carried out during the year, and a fourth an analysis of all deliveries at the General Practitioner Maternity Unit.

Tables showing the work of the individual midwives during the year

Domiciliary cases

		Doctor present at delivery	Doctor not present at delivery	Total	Assessment visits	Antenatal visits	Postnatal visits—domiciliary cases	Postnatal visits—hospital cases	Total visits
Midwife A	Group Practice 1	3	3	6	34	125	127	15	301
Assistant Supervisor	Group Practice 1								
Midwife B	Group Practice 1	6	19	25	223	331	406	110	1,070
‖Midwife C	Group Practice 1	—	1	1	17	11	10	29	67
Midwife D	Group Practice 2	3	15	18	191	356	303	172	1,022
Midwife E	Group Practice 2	5	14	19	114	260	481	93	948
Midwife F	Group Practice 3	4	6	10	125	239	261	71	696
‡Midwife G	Group Practice 3	2	6	8	169	217	164	4	554
Midwife H	Group Practice 3	3	17	20	124	292	471	64	951
§Midwife I	Group Practice 4	1	2	3	10	42	57	8	117
†Midwife J	Group Practice 4	2	4	6	111	108	104	87	410
Midwife K	Group Practice 4	5	9	14	68	203	242	76	589
¶Midwife L	Group Practice 5	—	7	7	48	78	162	120	408
*Midwife M	Group Practice 5	4	6	10	113	232	201	76	622
Supervisor of Midwives		2	1	3	—	65	26	11	102
Part-time midwives		—	—	—	120	1	1	1,773	1,895
		40	110	150	1,467	2,560	3,016	2,709	9,752
Corresponding figures for 1968		57	176	233	1,656	3,764	4,776	2,822	12,752

‖Resigned 31.1.69 ¶Resigned 4.5.69 §Appointed 19.10.69 ‡Appointed 1.2.69 †Appointed 1.4.69 *Appointed 1.5.69

General Practitioner Maternity Unit cases

		Doctor present at delivery	Doctor not present at delivery	Total	Antenatal visits	Postnatal visits	Total visits
Midwife A	Group Practice 1	3	5	8	121	144	265
Assistant Supervisor	Group Practice 1						
Midwife B	Group Practice 2	27	26	53	516	851	1,367
§Midwife C	Group Practice 2	1	2	3	80	121	201
Midwife D	Group Practice 3	5	20	25	616	678	1,294
Midwife E	Group Practice 3	17	23	40	452	871	1,323
Midwife F	Group Practice 4	18	13	31	596	570	1,166
‡Midwife G	Group Practice 4	13	21	34	626	804	1,430
Midwife H	Group Practice 4	30	16	46	1,185	1,176	2,361
‖Midwife I	Group Practice 4	—	1	1	35	42	77
†Midwife J	Group Practice 5	5	17	22	261	291	552
Midwife K	Group Practice 5	16	14	30	627	740	1,367
¶Midwife L	Group Practice 5	4	10	14	289	343	632
*Midwife M	Group Practice 5	7	14	21	493	533	1,026
		146**	182**	328	5,897	7,164	13,061
Corresponding figures for 1968		130	140	270	4,735	5,902	10,637

**These figures include deliveries of 7 Oxfordshire and 10 Berkshire patients.

‖Resigned 31.1.69 ¶Resigned 4.5.69 §Appointed 19.10.69 ‡Appointed 1.2.69 †Appointed 1.4.69 *Appointed 1.5.69

6. Analysis of domiciliary deliveries

	Doctor present at delivery		Doctor not present at delivery		
	Primiparae	Multiparae	Primiparae	Multiparae	Total
Total cases	5	35	5	105	150
Total births	5	35	5	105	150
Still-births	—	—	—	—	—
Twin deliveries	—	—	—	—	—
Death of baby at home	—	—	—	—	—
Forceps deliveries	—	—	—	—	—
Emergency Obstetric Service	1	—	—	1	2
Baby transferred to hospital by "premature baby flying squad"	1	—	—	—	1
Baby transferred to hospital other than by "flying squad"	1	—	—	3	4
Mother transferred to G.P. Maternity Unit	1	—	—	—	1
Mother and baby transferred to G.P. Maternity Unit	—	—	—	4	4
Anaesthesia and analgesia:—					
(a) Pethidine	2	17	2	45	66
(b) Gas and oxygen	2	18	1	42	63
(c) Trilene	—	2	1	9	12
Antenatal care:—					
General practitioner and midwife	5	35	5	105	150
Feeding at 14 days:—					
(a) Breast entirely	3	17	4	41	65
(b) Breast and bottle	—	1	—	1	2
(c) Bottle entirely	2	17	1	61	81
(d) No record	—	—	—	1	1

7. Analysis of deliveries at the General Practitioner Maternity Unit

	Doctor present at delivery		Doctor not present at delivery		
	Primiparae	Multiparae	Primiparae	Multiparae	Total
Total cases	77	57	47	130	311
Live births	77	58	47	130	312
Still-births	—	—	—	—	—
Twin deliveries	—	1	—	—	1
Death of baby in the Unit	—	—	—	—	—
Forceps	3	2	—	—	5
Mother to consultant unit	—	—	—	1	1
Baby to consultant unit	2	—	—	2	4
Mother and baby transferred to consultant unit	—	1	—	2	3
Mother and baby transferred to Slade Hospital	1	—	—	—	1
Anaesthesia and analgesia:—					
(a) Pethidine	65	39	34	75	213
(b) Gas-and-oxygen	42	38	28	71	179
(c) Trilene	—	—	1	1	2
Antenatal care:—					
General practitioner and midwife	77	57	47	130	311
Feeding at 14 days:—					
(a) Breast entirely	53	24	33	50	160
(b) Breast and bottle	1	1	2	8	12
(c) Bottle entirely	23	31	11	71	136
(d) No record	—	2	1	1	4

Comments on the work of the midwives and on details of deliveries

(i) There was again a considerable decrease in the number of domiciliary deliveries, 150 compared with 229 last year. Deliveries at the General Practitioner Maternity Unit increased from 250 in 1968 to 311 in the current year, the total number of deliveries attended by the midwives therefore decreasing only from 479 to 461.

(ii) No maternal death occurred during the year.

(iii) No still-birth or neonatal death occurred at home or in the Unit.

(iv) Of the mothers confined at home, doctors were present at 27% of the deliveries compared with 23% in 1968. Of the mothers confined in the Unit the doctor was present at 43% of the cases compared with 48% last year.

(v) There were no forceps deliveries in the domiciliary cases and the rate for deliveries in the Unit was 1.6% compared with 2.4% in 1968 and 6% in 1967, reflecting the careful patient selection for admission.

(vi) It can be calculated from the figures that 43% of the babies born at home were fully breast-fed at 14 days and 51% of those born in the Unit compared with 44% and 58% in 1968, a continuing trend towards early artificial feeding.

8. Transfer of domiciliary patients

(i) *Patients booked for domiciliary delivery but transferred to hospital during labour.*

Despite thorough antenatal care and careful selection of mothers booked for delivery at home, it is inevitable that abnormalities will occasionally arise during labour. In Oxford, thanks to the unfailing co-operation of the hospitals, admission of emergency cases can always be arranged without delay.

During the year the admission of 11 mothers occurred during labour. This represents 6.8% of mothers either delivered at home or admitted in labour compared with 3.4% in 1968.

The reasons for admission together with the outcome were as follows:—

	End result		*No. of*
Abnormality	*Delivery*	*Baby*	*cases*
Delay in 1st stage	Spontaneous	Survived	2
Delay in 1st stage	Forceps	Survived	1
Delay in 1st stage with rise in blood pressure	Forceps	Survived	2
Delay in 1st stage	Caesarian section	Survived	2
Delay in 2nd stage	Forceps	Survived	1
Breech presentation	Spontaneous	Survived	1
Premature labour	Spontaneous	Survived	1
Foetal distress	Spontaneous	Survived	1
			11

(ii) *Patients transferred to hospital following delivery at home*

Four mothers were transferred (5 in 1968). One mother was admitted with secondary postpartum haemorrhage on the 10th day. Retained products were removed, a tear of the posterior fornix repaired and a blood transfusion of two pints given. The patient made a good recovery and was discharged home on the third day.

Three patients were admitted following emergency treatment by the "Flying Squad". Details are given in paragraph 14.

(iii) *Babies transferred to hospital following delivery at home*

Six babies were transferred (4 in 1968). One was admitted at 24 hours following the development of jaundice, two were premature deliveries booked for the G.P. Unit and one a premature baby booked for delivery at home. All these babies made good progress and were discharged home within a few days. A fifth baby was admitted to the paediatric department at 14 days for pyloric stenosis and made satisfactory progress after operation.

A sixth baby was transferred to the Special Care Unit two hours after delivery and subsequently died. This case is discussed in paragraph 13.

9. Transfer of patients from the General Practitioner Maternity Unit

(i) *Patients booked for delivery at the G.P. Maternity Unit but transferred to the Consultant Unit in labour.*

During the year 50 mothers were transferred in labour to the Consultant Unit at the Churchill Hospital, about 16% of mothers admitted for confinement, an increase from 10% in 1968. The reasons and outcome were as follows:—

	End result		*No. of*
Abnormality	*Delivery*	*Baby*	*cases*
Early rupture of membranes	Spontaneous	Survived	3
Delay in 1st stage	Spontaneous	Survived	7
Delay in 1st stage	Forceps	Survived	1
Delay in 1st stage	Ventrouse extraction	Survived	1
Delay in 1st stage	Caesarian section	Survived	2
Delay in 2nd stage	Spontaneous	Survived	1
Delay in 2nd stage	Forceps	Survived	9
Delay in 2nd stage	Caesarian section	Survived	4
Breech presentation	Assisted breech	Survived	1
Uterine inertia	Spontaneous	Survived	5
Uterine inertia	Forceps	Survived	3
Foetal distress	Spontaneous	Survived	3
Foetal distress	Forceps	Survived	3
Maternal distress	Spontaneous	Survived	2
Maternal distress	Forceps	Survived	2
Premature labour	Assisted breech	Survived	1
Raised blood pressure	Forceps	Survived	1
Raised blood pressure	Ventrouse and Kiellands rotation	Survived	1
			50

(ii) *Patients transferred to Consultant Unit following delivery in G.P. Unit*

Four mothers were transferred following delivery (4 in 1968). The causes were:—

Raised blood pressure 2
(These patients remained in Consultant Unit)
Retained placenta 1
Postpartum haemorrhage 1
(These patients returned to G.P. unit after treatment)

(iii) *Babies transferred to hospital following delivery in G.P. Maternity Unit.*

Five babies were transferred to hospital after delivery (6 in 1968). The reasons were as follows:—

(1) Lumbar meningocoele—was admitted to Special Care Unit after birth but discharged home with mother on 7th day. Re-admitted at four weeks for operation and made satisfactory progress afterwards. The family have now left the area.

(2) A second twin, born by breech delivery. Transferred to Special Care Unit for observation and made good progress.

(3) Persistant vomiting. Was transferred on 5th day to Special Care Unit for observation but settled satisfactorily.

(4) Asphyxiated baby after low forceps delivery. Was intubated by registrar but was slow to respond. Was transferred to Special Care Unit for observation but recovered satisfactorily and was discharged on the 15th day.

(5) Skin rash, which developed on the first day. On the third day the rash had spread to limbs and trunk. Mother and baby were then transferred to the Infectious Diseases Hospital, where the condition was finally diagnosed as incontinentia pigmenti. The skin condition persisted, but became less widespread and satisfactory progress was made.

10. Administration of pethidine

Of the total of 150 patients delivered at home 66 or 44% received pethidine, while in the Unit pethidine was given in 213 or 68% of the total deliveries.

11. Inhalational analgesia

Analgesia is available to every mother who wishes to receive it. Instruction in its use is given in the antenatal period. Gas and oxygen was administered on 63 occasions in domiciliary deliveries and on 179 occasions in Unit deliveries.

Two trilene sets are also available, 12 mothers delivered at home and 2 in the Unit received this form of analgesia.

Inhalational analgesia was not given in 75 domiciliary cases for the following reasons:—

Born before arrival of midwife	4
Rapid delivery, no time	2
Considered unnecessary	69
	75

Of the 69 domiciliary cases where inhalational analgesia was considered unnecessary, 24 patients received pethidine.

12. Parentcraft and relaxation classes

Evening classes were held at Donnington, Cowley and East Oxford clinics in conjunction with general practitioners. Doctors, midwives and health visitors have all participated and at one class a physiotherapist conducts relaxation classes.

At the North Oxford class the health visitors and midwives are solely responsible for teaching. Mothers continued to attend the preparation classes provided by the hospitals.

13. Perinatal deaths

A full investigation of every still-birth and early neonatal death is undertaken to assess the factors contributing to this loss of infant life.

The following categories are considered (1968 figures in parenthesis):-

(1)	Deaths of babies at home	–	(1)
(2)	Deaths of babies transferred to hospital following delivery at home ..	1	(1)
(3)	Deaths of babies born to mothers in the G.P. Maternity Unit	–	(1 still-birth)

(a) Still-births—None

(b) Neonatal death

The mother of this infant had had two previous normal deliveries at home. The baby was delivered normally after a labour of six hours, but was pale and shocked. After transfer to the Special Care Unit a transfusion of packed cells was given and improvement followed. The improvement was maintained until 16 hours when fresh blood was lost per rectum, and vomiting of bile occurred. Further transfusion was given and as the infant's condition deteriorated, so laparotomy was performed at 36 hours. The colon had multiple perforations, thought to have occurred antenatally, and was gangrenous. Despite resection and further transfusion the infant died at 48 hours.

14. Emergency Obstetric Service

This service, operating from the Nuffield Maternity Home has continued to provide valuable support to the domiciliary midwifery service. It was called upon four times during the year (seven in 1968).

Calls were made to the service for the following reasons:—

Antepartum haemorrhage	1
Retained placenta	1
Postpartum haemorrhage	1
Secondary postpartum haemorrhage	1

15. Medical Aid

In the following cases the midwife called on the assistance of the patient's general practitioner

(i) *Mothers booked for delivery at home*

During pregnancy	21	
In relation to labour	38	
(of these 17 were for suturing)		
Early postnatal period	11	
Babies	24	
	94	(1968–154)

(ii) *Mothers booked for delivery in the General Practitioner Maternity Unit*

During pregnancy	54	
In relation to labour	134	
(of these 73 were for suturing)		
Early postnatal period	62	
Babies	51	
	301	(1968–272)

(iii) *Mothers discharged from hospital during the puerperium*

Mothers	84	
Babies	39	
	123	(1968–63)

16. Care of mothers discharged from hospital during the puerperium

During the year mothers were discharged to the care of the midwife before the 10th day on 579 occasions (compared with 521 in 1968 and 463 in 1967).

The reasons were as follows:—

Originally booked by midwife	48
Discharged before 6th day	376
Discharged on 6th day or over	145
Compassionate grounds	10
	579

Patients referred to the midwives in order to assess the suitability of home conditions for either a domiciliary confinement or early discharge numbered 1,226 compared with 1,319 last year.

There were very few patients discharged early from hospital who had not been visited by a midwife during pregnancy. A few, who had been assessed as unsuitable, took their own discharge. Some had been visited by a midwife in another area, but were discharged to a City address. Several, assessed as unsuitable due to lack of help, obtained help before they were delivered.

17. Postnatal care

Every effort is made to persuade mothers to attend the doctor providing maternity medical service for a postnatal examination. With the co-operation of the health visitors a record is kept of the postnatal care of domiciliary and Unit cases. At the end of March, 1970, the position was as follows:—

	Domiciliary	*General Pratitioner Maternity Unit*
Total confinements	150	311
Postnatal examinations carried out	134	275
Postnatal examinations not carried out	9	11
Unknown	6	13
Left Oxford	1	12
	150	311

18. Training of Pupil Midwives

During the year 29 pupils were admitted for training. Thirty pupils took the Part II examination of the C.M.B., 29 passed at the first attempt and one at the second attempt.

In addition 7 pupil midwives spent part of their district training in the City and had cases with the City midwives in the General Practitioner Maternity Unit.

19. Postgraduate education for midwives

No member of the staff was due for the compulsory quinquennial postgraduate course during the year.

All the midwives attended lectures arranged by the local hospitals and the Oxford branch of the Royal College of Midwives. Members of the midwifery staff again took part in the Refresher Course held at St. Anne's College.

III. Institutional Maternity Accommodation

Accommodation was provided by the Nuffield Maternity Home and the Churchill Hospital Maternity Department. Births during the past seven years have been distributed as follows:—

Registered births in Oxford residents occurring in Oxford

	1963	1964	1965	1966	1967	1968	1969
Hospital deliveries	1,239	1,308	1,288	1,188	1,072	1,069	996
	68%	70%	73%	70%	67%	69%	68%
Domiciliary deliveries	589	551	487	460	282	230	158
	32%	30%	27%	27%	18%	15%	11%
Domiciliary deliveries at General Practitioner Maternity Unit ..	—	—	—	46	232	253	300
	—	—	—	3%	15%	16%	21%

IV. Maternal Deaths

No maternal death occurred during the year.

B. CHILD HEALTH

1. Premature babies

Birth notifications included 121 live-born and 5 still-born premature infants weighing 5½ lbs. or less and were subsequently classified as premature. These are notified births corrected for inward and outward transfers. (Corresponding figures for 1968 were 117 live births and 8 stillbirths). They are classified according to weight, place of birth and survival in the accompanying table.

Weight, place of birth and survival of premature babies (corrected notifications)

Weight at birth	Premature live births												Premature stillbirths	
	Born in hospital				Born at home									
					Nursed entirely at home				Transferred to hospital on or before 28th day					
		Died				Died				Died			Born	
	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	in hospital	at home or in a nursing home
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
2 lb. 3 oz. or less	1	1	—	—	—	—	—	—	1	1	—	—	—	—
2 lb. 4 oz.—3 lb. 4 oz.	14	4	4	—	—	—	—	—	1	—	—	—	2	—
3 lb. 5 oz.—4 lb. 6 oz.	21	2	2	—	—	—	—	—	—	—	—	—	3	—
4 lb. 7 oz.—4 lb. 15 oz.	25	2	—	1	1	—	—	—	—	—	—	—	—	—
5 lb.—5 lb. 8 oz.	53	—	—	—	4	—	—	—	—	—	—	—	—	—
	114	9	6	1	5	—	—	—	2	1	—	—	5	—

Comments

(i) The 121 live-born premature babies represent 8.2% of the 1,464 notified live births to Oxford residents compared with 7.8% in 1968.

(ii) Five of the 6 notified stillbirths to Oxford residents were premature.

(iii) As the result of careful selection of cases for domiciliary delivery, together with emergency admission to hospital of a mother going into premature labour unexpectedly, only a small number of premature births take place at home. If admission of a premature baby after birth is indicated, the "Premature Baby Flying Squad" is available at the Nuffield Maternity Home to transport it. Premature babies remain in hospital until they are well established.

Reference to the table shows that of the 121 premature births only 7 took place at home. Of these 2 were admitted to hospital, one of whom survived 28 days. The 5 nursed at home all survived 28 days. Of the whole group of 121 premature babies 104 (or 86%) survived 28 days.

2. Child Health Clinics

(a) *Staff*

Each clinic is staffed by a medical officer, one or more health visitors and a number of voluntary workers, who give regular help with clerical work, weighing of babies and the distribution of welfare foods.

The medical staff is composed as follows:—

Full-time staff of the Health Department ..	8 sessions per week
Part-time staff of the Health Department (not in general practice) ..	8 sessions per week
General practitioners	15 sessions per week

(b) *Attendances at clinics*

The attendances at clinics during the year are shown in tabular form. An attendance is recorded only if a child comes for advice, weighing or to see the doctor. Thus attendances merely for obtaining National Welfare Foods are excluded.

Comparing clinic attendances with those for last year, it will be seen that the total attendances decreased by 1,814 and the number of children attending by 276, a trend reflecting the gradually decreasing birth rate.

The number of clinic sessions held during the year numbered 1,595 compared with 1,584 in 1968. Thirty-one regular sessions were being held weekly, 15 of which were for practice patients only and attended by the general practitioner concerned.

Attendances at Child Health Clinics

	No. of children who first attended and at their first attendance were under 1 year	Number of children who attended and who were born in			Total No. of children who attended during the year	No. of attendances made by children who at their first attendance were			Total attend-ances	Number of Sessions	Average attend-ances
		1969	1968	1967–64		Under 1 year	1 but under 2 yrs.	2 but under 5 yrs.			
Bury Knowle, Headington	78	70	75	101	246	933	213	118	1,264	51	24.78
Bury Knowle, Headington (General Practice clinic—2 clinics weekly)	71	64	79	131	274	885	195	167	1,247	102	12.23
Barton	51	45	47	98	190	676	157	150	983	53	18.55
Cowley	69	68	44	133	245	695	199	230	1,124	49	23.00
Cowley (General Practice clinic A)	42	36	44	115	195	549	224	243	1,016	53	19.17
Cowley (General Practice clinic B)	56	51	59	143	253	889	227	345	1,461	52	28.10
East Oxford	83	77	89	73	239	1,284	205	97	1,586	49	32.37
East Oxford (General Practice clinic A)	66	66	78	106	250	946	266	161	1,373	53	25.90
East Oxford (General Practice clinic B)	80	63	98	71	232	907	264	117	1,288	50	25.76
East Oxford (General Practice clinic C)	24	24	34	28	86	513	149	133	795	51	15.59
South Oxford	45	44	49	66	159	743	160	133	1,036	50	20.72
South Oxford (General Practice clinic)	39	36	39	90	165	507	163	181	851	52	16.56
West Oxford	34	34	48	62	144	614	172	83	869	52	16.70
Summertown (2 clinics weekly)	124	111	98	188	397	2,119	375	299	2,793	103	27.12
Summertown Health Centre—(General Practice clinic)	87	83	76	181	340	1,059	270	291	1,620	52	30.56
Wood Farm Health Centre	55	53	55	88	196	559	157	145	861	50	17.22
New Marston	43	42	45	70	157	520	157	92	769	53	14.51
Wolvercote	38	37	38	64	139	737	346	177	1,260	51	24.70
Donnington	56	56	63	110	229	619	189	165	973	53	18.36
Donnington (General Practice clinic)	54	51	46	105	202	607	192	153	952	50	19.00
St. Barnabas	43	39	28	61	128	575	144	167	886	49	18.00
St. Barnabas (General Practice clinic)	47	44	41	67	152	590	180	165	935	53	17.64
Northway	46	42	42	74	158	736	130	107	973	51	19.08
Rose Hill Community Centre	59	56	60	108	224	748	295	169	1,212	51	21.80
Blackbird Leys	91	83	99	194	376	835	252	277	1,364	53	25.74
Blackbird Leys (General Practice clinic A)	45	45	49	127	221	476	257	227	960	52	18.46
Blackbird Leys (General Practice clinic B—2 clinics weekly)	99	89	95	297	481	1,288	341	583	2,212	104	21.28
12 Old High Street, Headington (General Practice clinic)	39	34	53	99	186	461	178	166	805	53	15.19
	1,664	1,543	1,671	3,050	6,264	22,070	6,057	5,341	33,468	1,595	20.98

The following figures indicate the attendances made by children (included in the above table) who lived in the County. The majority of the children attended Rose Hill and Barton clinics. Oxfordshire County Council contributed on a proportional basis to the running expenses of these clinics.

	129	122	166	222	510	1,661	540	362	2,563

Following the successful introduction of appointment systems for the doctor at certain clinics, the scheme has now been generally adopted throughout the clinics. Appointments are made for immunisation and vaccination, first visits and developmental examinations at each birthday, but times are allotted at each session for the urgent case or casual attender, in order that no mother or baby goes unseen by the doctor.

Again, as in 1968, apart from seven clinics in areas where there has been some building of new houses, the average attendance has steadily dropped, and at the seven clinics showing an increased average attendance, this has in some instances been marginal—e.g. at Rose Hill from 21.59 to 21.80 attendance per session.

In October the new Health Centre at Wood Farm opened and the clinic previously held in old and very unsatisfactory war-time premises moved into the custom-built Centre. The pleasant surroundings and easier accessibility were immediately reflected in increased average attendance.

(c) *Medical work at clinics*

The medical officers at child health clinics continued to keep a record of their work. There were 1,595 sessions at which a doctor was present and altogether children under 5 years of age were seen by a doctor on 16,663 occasions.

The following table gives a summary of the reasons for which children were seen by a doctor:—

Immunisation and vaccination	7,995	43%
Routine medical examinations:—		
Initial	1,461	
6 months	468	
1st year	1,109	27%
2nd year	786	
3rd year	706	
4th year	438	
Consultation in relation to a problem	5,687	30%

The following table gives a summary of the nature of the problems about which the mother originally sought advice from the doctor:—

Feeding problems	319
Physical illness or defect	4,176
Fitness for prophylaxis	638
Behaviour problem	151
Other	403
	5,687

The following table shows the number of children referred elsewhere for treatment:—

Family doctors	174
*Hospital departments	81
	255

*In these cases the family doctor is always informed of the consultant's findings.

Comments

The work undertaken by clinic medical officers has varied a little in the past year, more time being given to periodic developmental examinations (27% of attendances were for this purpose as against 21% in 1968) and rather fewer visits were for vaccination and immunisation (43% compared to 52% in 1968).

During the year a senior medical officer attended a course on developmental paediatrics in London, and following her return to duty other officers had the opportunity of seeing demonstrations and practicing the use of new auditory and visual testing materials.

These examinations are carried out at regular intervals on the young child with the purpose of early detection, investigation and referral for treatment of physical and mental defects.

(d) *Loan of test feeding scales*

Accurate scales are loaned to mothers with breast feeding problems for use at home at the request of general practitioners, clinic doctors, health visitors or midwives. This occurred on 54 occasions.

(e) *Food and medicaments*

National Welfare Foods are distributed during office hours at a central distribution centre at the Health Department as well as at every child health clinic.

The number of items distributed during the year (with 1968 figures for comparison) were as follows:—

	At Health Department		At clinics		Total	
	1968	1969	1968	1969	1968	1969
Tins of National Dried Milk	3,647	1,613	16,335	12,185	19,982	13,798
Bottles of National Codliver Oil Compound	245	265	2,118	1,871	2,363	2,136
Bottles of Concentrated Orange Juice	4,892	3,729	27,076	28,707	31,968	32,436
Packets of Vitamin and Mineral tablets	258	150	811	862	1,069	1,012
	9,042	5,757	46,340	43,625	55,382	49,382

These figures do no include items issued to hospitals and other institutions.

A small range of minor medicaments is kept at clinics for issue to mothers when necessary. These include ascorbic acid tablets, a vitamin A and D concentrate for premature babies, and an iron preparation for the prevention and treatment of nutritional anaemia.

(f) *Teaching*

Medical students from the Radcliffe Infirmary, during their paediatric training attend four sessions at child health clinics in order to receive instruction in developmental paediatric examinations, the various prophylactic procedures, infant feeding and the diagnosis of minor ailments in children.

General practitioners attending post-graduate courses organised by the Post-Graduate Medical School can also attend child health clinics.

Student health visitors, pupil midwives and student district nurses also attend for instruction in child care.

3. The Early Diagnosis of Deafness

The early diagnosis and treatment of deafness is of the utmost importance for normal speech development and for the prevention of psychological disturbance. Health visitors are responsible for ensuring that children in their care are screened for impairment of hearing between 7–12 months of age. Children with suspected deafness are referred to the clinic medical officer for confirmation and hospital referral if necessary.

During the year health visitors tested 1,587 children aged 7–12 months and 45 over twelve months. Seven children required further investigation of whom two were under one year and five over one year.

Of the two under one year, one infant left the area before investigations were completed, and the other is thought to have some impairment of hearing, and is attending the Ear, Nose and Throat Department of the United Oxford Hospitals regularly.

Of the five older children, three were referred for speech therapy, one following adenoidectomy and paracentesis, but none had demonstrable hearing defects. Of the remaining two, neither had any hearing defect, but one was thought to have a mild behaviour disorder and was recommended for Nursery School placement.

4. Register of Handicapped Pre-school Children

The registration of handicapped or potentially handicapped pre-school children has continued. Initial notification is the responsibility of the health visitor who then reports on the child's progress at regular intervals to the medical officer keeping the register. Information about the children is passed on to the School Health Service or to the Mental Welfare Division when it becomes apparent that some special action will

have to be taken. In this way, every effort is made to ensure that adequate support for the parents is provided and the assessment of the child's educational needs is made before he reaches school age.

There were 75 children on the register at the end of the year. Twenty-one new cases were registered with the following handicaps:—

Mental retardation or disturbance	4
Congenital abnormalities or disease	9
Neurological disease	3
Defective sight	2
Defective hearing	1
Other	2

All children were adequately cared for at home except for two at the Special Unit, Marlborough Hospital. Four children attended the Mabel Prichard School, one the Deaf Unit and one the Spastic Day Centre.

Three handicapped children with congenital heart disease died during the year.

5. Notification of Congenital Abnormalities

This was the fifth year of noitfication to the Registrar General of all congenital abnormalities.

The total number of infants registered was 26, an incidence of 18.7 per thousand total births, an increase as compared with 1968 when it was 15 per thousand total births.

The number of abnormalities present was 33, an incidence of 23.8 per thousand total births. These abnormalities occurred in 11 live-born and one still-born female infants and 13 live-born and one still-born male infants. Five of these infants were born at home, 7 in the General Practitioner Maternity Unit and 14 in hospital. One infant with gross multiple abnormalities died within half-an-hour of birth and one infant within two days. Four infants were premature, including those still-born, both of which were anencephalic.

The distribution of abnormalities was as follows:— (with 1968 figures in parenthesis).

Central nervous system	7	(7)
Eyes and ears	1	(1)
Alimentary system	2	(2)
Heart and great vessels	1	(–)
Respiratory system	1	(–)
Uro-genital system	5	(4)
Limbs	9	(10)
Other skeletal	1	(–)
Other systems	—	(3)
Other malformations	6	(4)
	33	(31)

In two instances live born infants had three abnormalities.

The age and parity of mothers is shown in the following table:—

Age in years	Parity							Total
	0	1	2	3	4	5	6	
15–19	2	1	—	—	—	—	—	3
20–24	6	3	—	2	—	—	1	12
25–29	2	2	1	1	1	—	—	7
30–34	—	—	1	1	—	—	—	2
35–39	—	2	—	—	—	—	—	2
40–44	—	—	—	—	—	—	—	—
45–49	—	—	—	—	—	—	—	—
Unknown	—	—	—	—	—	—	—	—
	10	8	2	4	1	—	1	26

6. Infant deaths

Cause of Death	Weeks				Total	Months				Grand Total	Died in Institutions
	0–1	1–	2–	3–4		1–	3–	6–	9–12		
Immaturity	5	1	—	—	6	—	—	—	—	6	6
Prematurity	7	—	—	—	7	—	—	—	—	7	7
Intra-partum asphyxia	1	—	—	—	1	—	—	—	—	1	1
Congenital malformations	1	1	2	—	4	1	—	—	—	5	5
Intestinal obstructions, infarction of colon	1	—	—	—	1	—	—	—	—	1	1
Cardiac arrest, respiratory arrest, inhalation of blood from epistaxis, haemolytic uraemia	—	—	—	—	—	1	—	—	—	1	1
Congestive cardiac failure, coarctation of aorta	—	—	1	—	1	—	—	—	—	1	1
Myocardial fibrosis, left ventricular hypertrophy, coarctation of aorta	—	—	—	—	—	—	—	1	—	1	1
Asphyxia, inhalation of vomit	—	—	—	—	—	1	—	—	—	1	1
Bronchopneumonia, probable virus infection	—	—	—	—	—	1	—	—	—	1	1
Inhalation of vomitus, otitis media, bronchiolitis	—	—	—	—	—	1	—	—	—	1	1
Bronchiolitis	—	—	—	—	—	—	3	1	2	6	2
	15	2	3	—	20	5	3	2	2	32	28

Comments

There were 32 infant deaths during the year representing an infant mortality rate of 21.0 compared with the national figure of 18.0.

Of these 4 occurred at home and a further 5 were dead on arrival at hospital or died soon after admission. Seven of these 9 deaths occurred between January 9th and March 26th, twelve weeks containing a period of lower than average temperatures. The ages of these children varied between one and nine months. As all these 9 deaths were sudden and unexpected, and reported as "cot" deaths, they were investigated further and post-mortem reports obtained in 8 cases.

6 deaths were due to bronchiolitis.
1 death was due to bronchopneumonia.
2 deaths were due to inhalation of vomitus, one complicated by otitis media and bronchiolitis.

In the cases of bronchiolitis, the consultant pathologist could not report that there was any common causal organism responsible. Investigation into the social background of these 9 cases revealed in six instances some degree of home difficulty—e.g. over-crowding, poor housing, mother in hospital, over four children in the family, etc. In two cases the child had previously been in hospital with a respiratory infection.

Of the remaining 23 infant deaths, 15 occurred within the first week and of these 8 occurred within the first 24 hours. Thirteen of these deaths were due to immaturity or prematurity, one to intra-partum asphyxia, one to multiple congenital malformations and one to intestinal obstruction. The remaining 7 deaths had varying degrees of congenital cardiac deformities.

Because of the increased number of infant deaths mainly due to bronchiolitis, the 7 deaths of children occurring between one and three years were also investigated further. One was also a "cot" death due to broncholitis, the child being a sister of an infant "cot" death victim. Of the other 6, three were due to congenital cardiac conditions, one to leukaemia, one to acute epiglottitis and one child of two years and three months was killed in a street accident.

7. Screening for Phenylketonuria

Routine screening procedures for phenylketonuria and other inborn errors of metabolism by paper chromatographic methods continued throughout the year; 1,306 infants were tested and in 50 cases doubtful reactions were re-tested. No case was confirmed positive for phenylketonuria or any other inborn error of metabolism.

8. Nurseries

(a) *Day Nurseries*

The two day nurseries continued to admit children under the age of three years. Priority is given to those who cannot be adequately cared for by their mothers owing to some special hardship.

The decision to admit a child is the responsibility of a medical officer in the Department who investigates the case fully and sanctions admission only if it is in the best interest of the child.

Reasons for admission for new children were as follows:—

	Botley Road	*Florence Park*
Doctor's recommendation	3	1
Illegitimate children	5	20
Illness of parent	2	5
Parents separated	4	7
Parents students	4	4
	18	37

Details of attendances and staff during the year are given in the following table:—

	No. of places available at end of year	No. of admissions during year		No. on register at end of year		Average daily attendance		Number of staff at end of year
		Under 2 yrs.	Over 2 yrs.	Under 2 yrs.	Over 2 yrs.	Under 2 yrs.	Over 2 yrs.	
Botley Road ..	30	16	2	14	16	14.69	9.19	4
Florence Park	30	28	9	13	17	13.11	11.28	4

Comments

The nurseries are visited weekly by the same medical officer who supervises the health and welfare of the children, and with the written consent of the mother or guardian, carries out any prophylactic procedures which may be considered advisable.

The maximum charge for a child's maintenance at the nursery was 18/9d. per day. Parents are assessed according to income, subject to a minimum charge of 4/- per day. The maximum charge will be increased to £1 0s. 3d. per day on the 5th January, 1970.

The following table shows the assessments for children on the register at the end of the year:—

Assessed to pay	*Botley Road*	*Florence Park*
18/9d. per day (maximum)	2	7
17/8d. per day	2	—
9/11d. to 5/6d. per day	6	4

4/9d. to 4/3d. per day	3	—
4/– per day (minimum)	13	15
*Children from other local authorities	4	4
	30	30

*In these cases the County authority is responsible for payment of full cost.

Both nurseries provide facilities for students attending the Education Department's course for the National Nursery Examination Board Certificate.

(*b*) *Nurseries and Child Minders Regulation Act*

Details of registration under the Act are shown in the following table:—

	Registered premises	Registered persons
Number of premises or persons registered at end of year	25	68
Number of children permitted	672	153

The following table shows the type of care (all day or sessional) provided by premises and persons registered:—

	Premises providing		Persons providing	
	All day care	Sessional care	All day care	Sessional care
Number of premises or persons ..	5	20	62	6
Number of children permitted ..	209	463	107	46

By the end of the year the following registrations (included in the foregoing table) were brought about as a direct result of the amendments to the Act of 1948 made by sections 60 (2) and 60 (3) of the Health Services and Public Health Act 1968 which came into force on the 1st November, 1968.

	Registered premises	Registered persons
Number of premises or persons	1	61
Number of children permitted	20	110

Again there has been a steady increase in the demand for registered facilities, both for day care and the sessional provision of organised play-groups. This latter facility has increased from 21 to 25 registered premises providing 672 places, mainly for 3–5 year olds. One group, started by a

voluntary association, provides care for twelve severely sub-normal children for two or three mornings a week. At present staffed by a rota of parents, it is hoped in the near future to move to more spacious premises, employ a trained organiser and accommodate more children.

During the year the City of Oxford Education Department received £1,000 grant from the Urban Aid Programme administered by the Home Office. A committee was set up, with representation from the Education and Health Departments, the Education Committee and the Pre-School Play-groups Association, to consider applications from non-profit making play-groups for financial aid, and the first grants will be made early in 1970 towards equipment, trained staff salaries and the provision of free places for those children in need of play-group opportunities.

The course organised by the Department of Home Management at the Oxford College of Further Education for play-group organisers and leaders was again well attended, and a second course of a more practical nature is due to commence early in 1970.

An evening "at home" was held for registered child minders at the East Oxford Health Centre in October. Based on "Safety in the Home", a film was shown and a short talk given on simple first aid and mouth-to-mouth rescusitation demonstrated on a model. Fourteen child minders attended and expressed their interest and enjoyment.

(c) *Save the Children Fund Play-groups*

Two play-groups function in the City under the auspices and with the financial aid of the "Save the Children Fund". Originally intended for children deprived of normal play facilities, because of poor housing or overcrowding they also serve the area in which they are situated by integrating non-English speaking immigrant children.

The East Oxford Play-group is held on four mornings and one afternoon weekly. At the end of the year there were 54 children on the register, 28 attending for three sessions weekly and 26 for two sessions. The average sessional attendance was 22. Those on the register were:—

British (including Irish)	26
West Indian	13
Pakistani	7
Indian	3
Spanish	2
Yugoslav	2
Italian	1

There were 15 children on the waiting list.

Most children are recommended by the health visitor and poor home facilities is the main reason. Two trained nursery nurses act as organisers helped voluntarily by mothers and senior school children.

The Slade Park "Save the Children Fund" play-group is held five mornings weekly. A trained nursery nurse acts as organiser, with at present, a rota of mothers acting as voluntary assistants, though it is hoped a second paid assistant organiser will be appointed in the near future. With a register of 25 children, the daily attendance varied during the year between 15 and 25, with an average of about 18.

The play-group serves, in particular, the families living temporarily in the Homeless Families Unit and therefore the numbers of children attending vary as the families move in and out of the Unit.

In October, the play-group moved into the new custom-built Wood Farm Health Centre, where in large, warm and sunny surroundings, with safe outdoor play facilities and indoor storage space and kitchen amenities, the group has been able to expand its activities and interests. It will be known hence forward as the Wood Farm "Save the Children Fund" Play-group.

Now that this group is settled and established, it has been used to integrate slightly handicapped children into a normal play atmosphere with great success. Only one such child is taken on a part-time basis at any one time.

9. Social Work Co-ordinating Committee

The number of cases referred to the Social Work Co-ordinating Committee dropped so substantially that no meeting had been necessary since July. This was largely attributable to the closer contact between health visitors and social workers in the various departments.

At a meeting held early in January 1970 it was agreed that it would be valuable if members of the committee could meet once a quarter, to discuss developments in social service, changes in policy and any new legislation which would directly or indirectly affect all departments involved in personal or family services. Such meetings would not preclude discussion of cases, but it was considered that in many instances the latter might be more effectively dealt with by Case Conferences, involving not only the representatives of the various statutory departments but persons such as the family doctor outside the departmental structure.

10. Adoption Act 1958 (Dr. Phillips)

The Children's Department acting as an Adoption Agency is responsible for the placing of babies for adoption. On its behalf 46 infants were examined during the year, and one infant was examined on behalf of Father Hudson's Homes Adoption Agency.

Eleven of these babies in whom there was some doubt about progress or future development were also examined by a paediatrician, and in three cases advice about the effects of heredity was sought from the

Population Genetics Research Unit. The reasons for delay in submitting a firm medical opinion in some cases were discussed fully with the Child Care Officer concerned, so that prospective adopters could be advised appropriately.

A doctor from the Health Department advises the Adoption Sub-Committee of the Children's Committee about the medical aspects of cases when the suitability of prospective adopters is being considered. The Children's Department obtains a medical report from the general practitioner in all cases, but frequently further information has to be sought from the family doctor or specialist concerned. On couple were interviewed and another couple referred to a psychiatrist where there was doubt about their suitability. Seventy-four cases were considered during the year.

11. Care of Illegitimate Children

There were 189 registered illegitimate live-births to Oxford residents. This represents 12.0 of all live-births, compared with 12.44 in 1968. Of the 174 illegitimate births which occurred in the City, there were 70 cases in which the father and mother registered the birth together.

Mother and Baby Hostel

The Children's Department assumed responsibility for the hostel on the 1st April, 1969. A medical officer from the Health Department still visits the hostel weekly to examine babies and give advice to mothers.

SECTION VI

MATERNITY AND CHILD HEALTH DENTAL SERVICE

A further satisfactory increase in the numbers of pre-school children attending the clinic for dental inspection can be reported this year.

The opinion expressed in last year's annual report, that the health education campaign to persuade parents of the importance of early dental care was beginning to produce the desired results, would appear to be confirmed by this year's figures.

The "under fives" have always been regarded as a most important group from the point of view of dental health and will continue to be accorded first priority at the clinic.

The Health Education Officer, health visitors and others engaged in this most important campaign can all feel considerable satisfaction that their efforts are inducing more and more parents to avail themselves of the service each year.

	Children under 5 years	*Expectant and nursing mothers*
(i) *Inspections*		
Patients given first inspections	198	19
Patients who required treatment ..	170	19
Patients who were offered treatment ..	170	19
(ii) *Visits for treatment*		
First visits	198	19
Subsequent visits	68	8
Total visits	266	27
(iii) *Treatments provided*		
Teeth filled	156	17
Teeth extracted	55	2
Scaling or removal of stains	91	17
Teeth otherwise conserved	241	—
(iv) Number of courses of treatment completed	172	18

SECTION VII

MENTAL HEALTH

1. Administration

(a) Staff

The Medical Officer of Health has delegated to his deputy the day to day supervision of the Division and the Chief Mental Health Officer co-ordinates the work done by the Mental Health Officers, Mabel Prichard School, Industrial Training Unit, St. Nicholas and Eastfield House Hostels and the Group Home.

(b) Co-ordination with Hospitals

Mrs. O. Phipps a member of the Health Committee and the Medical Officer of Health were members of the Isis Group Hospital Management Committee and the Medical Officer of Health was chairman of the Medical Advisory Committee.

Dr. D. Bridgford, Consultant Psychiatrist at Borocourt Hospital, holds a monthly outpatient clinic for the mentally handicapped at the Park Hospital.

Professor M. Gelder took up his duties in January 1969 to the newly established chair in Psychiatry and we welcomed his early approach to the Mental Health Division of the Health Department as an indication of his interest in the co-ordination of services both in the hospitals and in the community. The happy working partnership between the hospital and community services has continued with his added support and mental health social workers now attend weekly case conferences at the Warneford Hospital as well as continuing this useful practice at Littlemore. In addition they attend appropriate outpatient clinics and clinical meetings, working closely with the hospital staff.

The Chief Mental Health Officer is a member of the Nursing Sub-Committee of the Isis Group Hospital Management Committee.

(c) Voluntary Associations

The Chief Mental Health Officer is a member of the Committees of the Oxford & District Society for the Mentally Handicapped and the local branch of the National Association for Mental Health. He is also chairman of the Community Activities Sub-Committee of the latter Association, which runs both a relatives' group and a social club, and is on the committee of the League of Friends of Littlemore, Warneford and Park Hospitals. The latter have been largely responsible for the success of the seven Group Homes for 38 ex-hospital patients. These Homes provide longterm accommodation for small groups of 4 to 8 individuals, and work

in conjunction with the hospital's two Half Way Houses (32 places). The Group Homes have been fortunate in having the energetic services of Miss D. Hoggins, a Nursing Officer at Littlemore, and the volunteer Community Services Worker, Miss Sim, as their continued success depends very much on close, and at first, daily supervision.

The Oxford Branch of the National Society for Mentally Handicapped Children opened a play group for 10 children during the year, using the School Health Services Clinic premises at 60 St. Aldates on Wednesday and Friday mornings. Although not ideal, the premises are adequate and the Play Group has been a great success, not only in helping the social development of these severely handicapped children, but in giving hard pressed parents a short period of relief once or twice a week. It is hoped that the Play Group will be able to move into better accommodation soon, even though this will be a little further from the centre of the town.

The Spastics Society continued to run a Spastic Unit at the Churchill Hospital which provides day care for 18 severely affected children and young adults ranging in age from 2 to 26 years. The majority are also mentally severely subnormal. During the year the City accepted financial responsibility for three severely subnormal children of school age.

The Deputy Medical Officer of Health is a member of the Management Committee of Rutland House, 41 Davenant Road, a Hostel for 15 students run by the Richmond Fellowship. During the year the Health Committee accepted financial responsibility for 6 students who spent periods varying from 7 days to a year there. One student was enabled to resume his studies, and two left to take up employment. Two young men were not helped by their stay and one girl had to go to an approved school. Rutland House has therefore only had a limited success as a half way house between inpatient psychiatric care and independent productive life. Even so, it is worth a trial when the only practical alternative for the patient is longterm care in a psychiatric hospital.

The Oxford and District Council on Alcoholism, on whose Executive Committee the Deputy Medical Officer of Health served, provides a house for 7 recovered and convalescent ex-alcoholics at 81 Cowley Road. At the end of the year a survey of admissions over the previous 18 months showed that 20% of the men who passed through this hostel remained "dry" for at least a year after the initial treatment of their addiction at the Ashhurst Clinic. A further 20% were still dry at the end of the year but had been followed up for less than a year. Considering that 44% of admissions had been "meths" drinkers, these results are quite hopeful. However the management of this hostel remains exceedingly difficult, as it is very hard to find sufficient suitable candidates to fill the hostel all the time, and staffing is always a tricky problem. Doctors at the Ashhurst Clinic have had to devote a very great deal of time to the supervision of the residents.

(d) Training

One mental health social worker has returned from Bristol having obtained the Certificate in Social Work. A teacher qualified at Culham and resumed her work at Mabel Prichard School. The instructor at the Industrial Training Unit who started training at Birmingham in October 1968 successfully completed the course and obtained his qualification.

No fewer than 10 students from six different colleges undertook practical training in the Division for periods of one to six months. In addition we maintained a link with Rhodesia as Miss Beatrice Matswetu, who runs a Cerebral Palsy Clinic in Salisbury, spent some time at our Hostels, studying our methods. Not only do such student placements give considerable practical help in the running of our Hostels and School, but they provide a continual stimulus to all staff to maintain high standards. They also indicate that the various Training Colleges hold a high opinion of the standard of care provided in Oxford.

(e) Research

In April we were approached by Professor R. W. Revans, sponsored by King Edward's Hospital Fund for London, and asked if we would agree to participate, as one of six selected areas, in an investigation into the co-ordination of services for the mentally subnormal. Members of staff attended meetings to discuss this project, which, it soon became apparent, was going to prove to be exceedingly complex. The project has so far generated vast quantities of written reports but practical details have been limited to the study of the Borough of Hounslow as a trial area.

(f) Visitors

Once again we have received a very wide range of distinguished visitors who have come from far afield to see the department's work. Amongst them were Dr. Bank Nikkelsen, Director of Research into Mental Retardation in Denmark, and Mr. Jens Pedersen, an architect from the same country. Miss de Rooji, a senior member of the Dutch Mental Health Association came in May, Mme Ramon de Laca from Madrid in September and Mr. Bertheussen, Secretary to the Council for Special Education of a Norwegian Ministry, in December. There were also visitors from Quebec, Vancouver, Connecticut, Queensland, and Melbourne. From South America came Professor Barlansky of the Argentine and Professor Herrera of Peru.

The educational visits from groups of medical students, student nurses and social work students from local colleges continued.

2. Work in the Community

A. The Mentally Ill

(i) Admissions and discharges from hospital

ADMISSIONS	1964	1965	1966	1967	1968	1969
Section 25 (admission for observation on 2 medical certificates)	56	50	83	89	71	72
Section 26 (admission for treatment on 2 medical certificates)	6	3	5	4	9	3
Section 29 (emergency admission on 1 medical certificate)	81	66	59	48	39	36
Section 60 (admission via a court, assizes or quarter session)	3	4	4	2	3	5
Section 65 (court order restricting discharge)	—	1	3	1	—	3
Section 136 (admission to a place of safety)	—	—	—	3	—	2
Total compulsory admissions	146	124	154	147	123*	121
Informal admissions	485	537	599	605	643	618
Total admissions	631	661	753	752	766	739
Deaths in hospitals	40	37	50	45	35	33
Left hospital	583	621	686	710	724	685
Total discharges	623	658	736	755	759	718
Difference between recorded numbers admitted and discharged	8	3	17	–3	7	21

*Includes one patient already in hospital admitted under section 30.

The number of compulsory, informal and total admissions all fell slightly this year. Emergency admissions under Section 29 also continued to fall and constituted only 30% of all compulsory admissions.

(ii) Admission of the elderly to psychiatric hospital

The following table shows figures for this year and the previous five years:—

Age	1964	1965	1966	1967	1968	1969
60–69	39	51	52	54	63	61
70–79	37	33	37	35	38	39
Over 80	22	31	43	39	34	31
	98	115	132	128	135	131

Although the figures are very similar to those of previous years, it is interesting that over half the patients (67 of the total of 131) had had previous spells in a psychiatric hospital. This is double last year's incidence and probably indicates that early discharge often means early relapse for many of these patients.

(iii) Supervision

There was a very sharp rise in the number of referrals of the mentally ill, from 149 to 237 this year, resulting from the increasing co-operation between both psychiatric hospitals, family doctors and the mental health social workers. Fortunately many of the new referrals did not need continuing supervision so that by constantly reviewing and pruning case loads there was only a 13% overall increase from 253 to 287 in the total number under supervision at the end of the year.

The sources of referral are indicated in the following table (1968 figures in brackets):—

Referred by	*Patients*			
	Male		*Female*	
General Practitioners (including Health Visitors)	21	(18)	23	(15)
Hospitals, on discharge from inpatient treatment	36	(7)	36	(12)
Hospitals, after or during outpatient or day treatment	25	(18)	38	(17)
Police and Courts	11	(6)	6	(5)
Patient or Family	11	(10)	9	(6)
Children's Officer	1	(1)	1	(6)
Welfare Division	5	(2)	6	(7)
Other Sources	5	(12)	4	(9)
	115	(74)	123	(77)

B. Subnormality

(i) Ascertainment

The majority of the 45 new cases were referred by relatives or the health visitor concerned. The Education Department referred 14 cases (6 for admission to the Training Centre and 8 for supervision after leaving school) and hospitals referred 4 cases for ascertainment.

At the end of the year these were placed as follows:—

Working	22
Mabel Prichard School	—
Industrial Training Unit	8

Hospital	3
At home (pre-school 6, unemployed 2)	8
Left district	4
	45

(ii) Accommodation in hospital

(a) Waiting List

Six children and one adult were on the waiting list for hospital admission at the end of the year. Two of these, both children under five who at present reside in a general convalescent hospital, were in need of urgent admission. One had been waiting for two years seven months and one for two years. There has been no improvement in the position this year, repeated efforts to secure admission of these two children to a subnormality hospital having failed.

(b) Oxford residents in hospitals in the region

	1968			1969		
	M.	F.		M.	F.	
Borocourt	33	25		35	27	
Bradwell Grove	16	3		16	3	
Cotshill Hospital	3	1		3	1	
Cumnor Rise	—	9		—	10	
Northview Hospital	—	3		—	3	
Pewsey Hospital	7	9		6	9	
Purley Park	2	—		2	—	
Smiths Hospital Henley	4	1		4	1	
Style Acre	3	—		2	—	
Wayland Hospital	—	9		—	6	
	68	60	=128	68	60	=128

(c) Oxford residents in hospitals outside the region

	1968		1969	
	M.	F.	M.	F.
Barvin Park, Potters Bar	3	–	3	–
Cell Barnes Colony, St. Albans ..	1	1	1	1
Etloe House, Leyton, London ..	–	1	–	1
Glenfrith Hospital, Leicester ..	1	–	1	–
Leybourne Grange Colony, West Maling	1	1	–	1
Manor House, Aylesbury	2	3	2	2
Marlborough Convalescent Home ..	2	–	2	–
State Hospital	4	–	2	–

Royal Western Counties Hospital, Starcross	–	1	–	–
St. Francis School, Buntingford ..	2	–	1	–
St. Mary's Alton	–	1	–	1
St. Mary's Home, Buxted	–	1	–	1
Stallington Hall, Stoke-on-Trent ..	1	–	1	–
Stoke Park Colony, Bristol ..	2	2	2	2
Meanwood Park	–	–	1	–
	19	11=30	16	9=25

(iii) Supervision

At the end of the year 215 subnormal persons (71 children and 144 adults) were being visited by mental health social workers.

(iv) Guardianship

At the end of the year one case was under guardianship in the care of the Guardianship Society. Two cases had improved sufficiently to be able to manage their own affairs supported by supervision rather than guardianship.

(v) Mabel Prichard School

The age and sex distribution of the children attending at the end of the year is shown in the following table:—

Age	*Boys*	*Girls*	*Total*
0– 4	2	1	3
5–10	17	9	26
11–15	15	11	26
	34	21	55

Pressure for places is increasing; there are 55 children on the role although the school is designed to take only 52.

We were fortunate in having few staff changes during the year but have been unable to fill one vacancy. Four of the seven teachers have the Diploma for Teachers of the Mentally Handicapped. The Special Care Unit opened in 1966 provides 12 places for both the younger and the more severely handicapped, and is staffed by a teacher and a nursery assistant.

Three children obtained swimming certificates this year. Extra curricular activities included visits to the Fire and Police Stations and a Paper Mill. The Annual holiday at Weymouth was again a success, and on November 5th a bonfire party was held at the school. Local help is shown in many ways and is much appreciated. The Oakley Young Wives Group

showed a keen interest. A party of 19 pupils from Peers School had tea at Mabel Prichard one afternoon and on another occasion the children attended the Harvest Festival at Speedwell School. The active Parent Teacher Association raised £50 by a jumble sale and made great efforts at the end of the year to raise funds to buy a minibus. Minchery Farm Country Club contributed £50 towards this fund.

Both staff and children welcomed the Lady Mayoress, Mrs. Spokes, when she made an official visit on 24th March, and keenly appreciated the interest she took in the school and the adjoining hostel, St. Nicholas House.

(vi) St. Nicholas House

This hostel for 20 severely subnormal children is next to the Mabel Prichard School, which all but one of the residents attend. The majority live in the hostel from Monday to Friday and spend the weekends in their own homes. Mrs. Burton, the Deputy Superintendent, has valiantly kept the hostel running for the 12 months we were without a Superintendent, and we are all extremely grateful for the hard work she put in during this particularly difficult period.

In September Mr. Johnson, who has the Certificate in Residential Child Care, was appointed as Superintendent and has settled in rapidly. We were grateful for two civic visits during the year; in March the Lady Mayoress, Mrs. Spokes visited St. Nicholas House after seeing Mabel Prichard School, and later in the year the incoming Lord Mayor, Alderman Bromley, paid an official visit.

Voluntary help was again freely given, and this was particularly appreciated during the two week's Play Group which was organised during the summer holidays. A very successful jumble sale raised £80 for extra amenities and a party of Bicester Scouts presented the children with a delightful creation in the form of a huge boot—the house in which the old lady in the nursery rhyme lived. St. Giles Fair was visited as usual and was as popular as ever.

The Film "A Place Like Home", sponsored by the Spastics Society, which incorporated a lot of material made at St. Nicholas House last year had its premiere in November. So much good material was shot that another Film, "A Way of Caring" has also been made. This latter film is sponsored by the Mental Health Film Council, and will be available for hire by the public.

Considerable publicity for St. Nicholas House was also given in an article by Ann Shearer in the Guardian on May 16th entitled "A Hostel that really cares".

The age and sex of the children in residence at the end of the year is shown in the following table:—

Age	*Boys*	*Girls*	*Total*
0– 5	1	–	1
5–10	1	2	3
11–15	5	8	13
	7	10	17

It has been deliberate policy not to keep the hostel absolutely full, both on account of our staffing problems during the year and also because it is extremely valuable to have one or two places in reserve which are then immediately available when a crisis develops in a home situation. Prompt relief of parents at breaking point, for a short spell, will often enable them to face a future of unrelenting demands made by their handicapped child with more fortitude.

(vii) The Industrial Training Unit

This Unit was built in 1965 for 60 mentally handicapped adults, and is staffed by a Manager and 5 instructors, 3 of whom are fully qualified. The urgent need for an extension, which it is hoped will be built in 1970, is shown by the fact that already 78 people work in the Unit, and there is a waiting list of others who could profit from attending. The majority of the trainees suffer from mental subnormality but about a quarter of those attending have had a mental illness.

Close and cordial relations with many firms, but particularly with British Leyland (Austin-Morris) Ltd., have been maintained by the indefatiguable energy of the Manager, Mr. Price, and are indeed a major factor in the success of this Unit. Many visitors were entertained during the year. The Unit's high reputation for technical competence was shown by the attendance for practical work of a party from the Institute of Apprentices at a summer school in Oxford in August.

Social and sporting activities which are a feature of life at the Unit continue with undiminished vigour.

The age and sex distribution of the trainees at the end of the year was as follows:—

	Men	*Women*	*Total*
16–19	10	8	18
20–29	17	12	29
30–39	3	3	6
40–49	4	3	7
50–59	12	2	14
60 and over	3	1	4
	49	29	78

(viii) Eastfield House

This hostel for 25 mentally handicapped adults staffed by a Warden, a deputy and two assistants, has been in operation since last year. On April 18th we were extremely grateful to Dame Joan Vickers, D.B.E., M.P., for officially opening Eastfield House. Dame Joan—who was on the Parliamentary Committee which drew up the 1959 Mental Health Act, thus enabling local authorities to set up such homes—unveiled a plaque in the entrance hall. She told the staff and members of the City Council: "You are providing a new life for 25 people, giving them a home and security. This task is just as important as the Apollo project to put a man on the moon". She said the council was a pioneer in mental welfare and hoped that other local authorities would be invited to look at Eastfield House. Dame Joan toured the building and received a big welcome from the residents who thoroughly enjoyed the occasion.

The number of residents is building up steadily as newcomers are carefully assimilated into the hostel community. At the end of the year 10 men and 10 women were in residence, all of whom work at the nearby Industrial Training Unit. This indicates the need for the provision of further accommodation in the near future. In particular only in this way can adequate provision be made for the Mabel Prichard School leavers who cannot remain with their parents.

Eastfield House is developing its own social life with the now familiar pattern of entertainments on the premises involving active participation by local residents and voluntary bodies, and outings to places and events of interest.

We were honoured by a visit from the Lord Mayor, Alderman Bromley in October when he saw both Eastfield House and the Industrial Training Unit.

The Oxford Medical Lunch Club held a luncheon meeting at Eastfield House in May which was very well attended.

(ix) Group Home—27 Brasenose Driftway

The first venture in this field which opened on 11th April has proved very successful. There are seven mentally ill men in residence and they do their own housekeeping, including cooking their own meals. However most have a substantial lunch in the Industrial Training Unit where they work. There are no resident staff, but the Deputy Warden of Eastfield House is responsible for any supervision that proves necessary, and is close at hand to deal with any emergencies.

3. Future developments

(a) Extension of the Industrial Training Unit

Extra workshop accommodation to take an additional 60 mentally handicapped persons will, it is hoped, be built in 1970.

A MINI HOSTEL, BRASENOSE DRIFTWAY

(b) Second Hostel for Subnormal Adults—Wood Farm House Site

Plans have been prepared for a second hostel, similar to Eastfield House, to accommodate the increasing number of adolescents leaving Mabel Prichard School, who cannot live at home or manage in lodgings. The building of this hostel is included in the 1972/73 capital programme.

(c) Second Group Home

It is hoped to provide another Group Home close to the new Wood Farm Hostel when the latter is built.

(d) Hostel for the Mentally Ill—Rose Hill

No final decision has yet been made regarding the need for a large hostel for the mentally ill. Group homes and boarding out in supervised lodgings may well provide a better solution to this problem.

SECTION VIII

WELFARE SERVICES SECTION

Report by J. C. DAVENPORT
Chief Welfare Services Officer

In July 1948 the City Council delegated to the Health Committee its functions under the National Assistance Act 1948 and a Welfare Services Sub-Committee met each month to deal with the administration of Welfare Services in the City. Following a re-organisation of Committees in 1969, a Health and Welfare Services Sub-Committee has been responsible for the Welfare Services.

1. General Comments

This has been the first full year in which the Welfare Services Division have been in occupation of office accommodation on the second floor of City Chambers in Queen Street. It was feared at the time of removal that office accommodation at a different address and with a different telephone number, and where access was by lift or two flights of stairs, might have had an adverse effect on contact with the public.

These fears have proved to be completely groundless, and in fact this has been a record year for the number of new cases, the number of personal callers at the office, and the total number of persons receiving help from welfare officers.

This considerable upsurge in work has created difficulties for the field staff, as the number of new cases in 1969 (669) has increased considerably over what was considered a high figure of 412 in 1966 and similarly, the number of cases receiving domiciliary visits at the end of the year passed the 2,000 mark for the first time. The total 'live' cases on our registers is over 2,500 and represents approximately 50% of the estimated total population of the City who are 75 years of age and over.

These statistics are extremely gratifying, especially as every effort is taken to ensure that there is no duplication of effort with other statutory and voluntary agencies, and particularly in a City where there has been a 100% health visitor attachment to general practitioners for several years, one can feel reassured that the great majority of elderly people in need of help in the City are in regular contact with the services which are available to them. This happy situation is reflected in the fact that whilst the total number of cases requesting help is at a very high level, persons coming to our notice for the first time when a crisis already exists are now the exception rather than the rule. One can never be dogmatic about the reasons for such a development, but it is felt that the quality of the service available has made the public much more confident in asking for help; also the means adopted for spreading information have given the knowledge that help is available.

The field officer staff is now within sight of the establishment target set in 1964, and is deployed in two teams, each headed by a senior officer. A methods survey carried out in the autumn fully endorsed this principle, and gave valuable advice on further improving the efficiency of the case workers.

It is essential that the public should be well informed and to this end my deputy and myself have made ourselves available to address public meetings. With the co-operation of the Workers' Educational Association and the British Leyland groups we have taken an active part in preparation for retirement courses. Such efforts have had the desired effect of bringing the scope of the services to the notice of those people most likely to need them later on.

The welfare officers at all levels have been extremely enthusiastic and conscientious in developing the services and keeping pace with the increasing demand, and despite long hours have maintained their zest for work. With such a happy state of affairs prevailing, it is sincerely hoped that the impending changes in structure will not create confusion and despondency in the minds of the staff, as such a situation can only be to the detriment of those who need help. Many of the changes in the working pattern envisaged by the 'Seebohm' white paper are in fact already operating in the City as far as the elderly and handicapped are concerned. The statistics relating to cases show that people are not encountering difficulty in communicating with us, nor do we find much complaint of misdirection or duplication.

Apart from internal re-organisation, the main effort during the year was in the direction of developing the services for the handicapped. With the return from training of a social welfare officer, it was possible to make more concentrated efforts towards helping the handicapped in their own homes, and in providing recreational facilities for them. The greatest development, however, occurred in the sheltered workshops where an industrial pattern introduced some twelve months previously showed great benefit. At the end of the year the workers in the bookfinishing service, which now constitutes some threequarters of the total labour force, were increasing their output to such an extent that actual earnings were approaching £10 per week, in contrast to £2–£3 a week applicable to workers engaged in the traditional trades. There appears to be no reason why this success should not be continued and even exceeded in the future. The majority of workers in the bookfinishing service were previously engaged in traditional trades, and were retrained on the workshop floor. Credit for this transition and achievement must go to the Superintendent and Foreman who have been responsible for the skills which have been acquired and the happy atmosphere which has prevailed amongst the workers.

Each year it is necessary to record my thanks to the voluntary societies and individual helpers who do so much to make the overall

pattern of welfare services so effective in the City. I have constantly emphasised the importance of the partnership effort which takes place daily, and I can pay no greater tribute to everyone concerned than to say that this is a partnership which really works.

2. Residential Accommodation

In spite of the high increase in the number of cases coming to our notice, the waiting list for admission to Old People's Homes was contained within reasonable limits. However, until we have the benefit of a day centre to add to such existing services as day care, holiday admissions, meals on wheels and laundry services, we shall be hard pressed to maintain this state of affairs. It is interesting to note that whilst the number of permanent admissions to Part III accommodation is comparable with the previous year, new cases direct from hospital have dropped substantially over the past two years. At the same time the total number of persons in hospital waiting to come into residential accommodation has remained steady at approximately 10, and in most cases these were admitted within a short time. These facts emphasise that we are getting to know about people in need at an earlier stage, and are thus more able to prevent unneccessary hardship.

The high average age of all residents (over 85) was maintained throughout the year, and with such an aged population a high number of deaths can be expected. In fact 95 occurred, of which 49 took place in the Homes.

Short term admissions, which now go on throughout the year, increased substantially from 108 to 168. This service plays a very important part in assisting old people to maintain their complete independence for as long as possible.

In these days of rising costs, mention must be made of the continuous efforts which are made in the battle against inflation. Oxford was one of the early pioneers in providing suitable and adequate residential accommodation for old people, and because of this has for many years featured among the highest cost category of local authorities. However, the total cost per resident week has been contained below £13 which for the type of accommodation and service provided must now rank amongst the lowest in the country. All members of staff have made a contribution towards keeping costs at this satisfactory level by applying economies wherever possible and without affecting the comfort of the resident. For example, by switching off unneccessary lights and electric fires, our fuel costs were no more than they were three years ago.

The residents, both long term and short term, are very proud of their homes, and visitors, from the locality and overseas (who are frequent callers) have expressed their delight at the happy atmosphere they have found.

Admissions and discharges to City Council Old People's Homes during 1969

	No. of Beds	From home	New Admissions From Hospital	Short term	Hospital Cases		Deaths	
					Admitted	Returned	In Hospital	In Homes
Barton End	40	10	1	6	8	2	2	5
Cutteslowe Court	60	14	3	23	8	6	2	12
Iffley House	60	15	5	20	27	16	6	4
Longlands	60	23	4	28	37	22	13	3
Marston Court	60	12	2	17	29	8	9	4
Oseney Court	60	12	5	35	16	13	5	11
Shotover View	60	15	6	22	26	11	8	6
Townsend House	60	9	3	17	20	17	1	4
		110	29	168	171	95	46	49

Statistical Summary as at 31.12.1969

Registers

Aged and infirm	1,407
Blind	210
Partially Sighted	168
Deaf	243
Hard of Hearing	248
Physically Handicapped	243
	2,519

Number of new cases registered during the year	669
Number of cases receiving domiciliary visits	2,023
Number of visits paid by Welfare Officers during the year	11,862

Number of persons on the waiting list for Old People's Homes:

A.	In own home:	
	(1) Urgently in need of admission	18
	(2) Will require admission within six months	37
	(3) No real hardship at present	97
B.	In hospital	3
	Total	155

Voluntary and Private Homes

The Voluntary Homes registered with the Local Authority for the care of aged and disabled persons are regularly inspected for general safety standards. On the 31st December, the following homes were on the register:

Aged and Disabled

Nazareth House, Cowley Road	35 persons

Aged

Fairfield, 115 Banbury Road	36 persons
Elizabeth Nuffield, 165 Banbury Road	26 persons
British Red Cross Society, 107 Banbury Road	20 persons
Woodlands, 111 Woodstock Road	18 persons
Greengates, 2 Hernes Road	8 persons
Mrs. F. E. Best, 31 Stanley Road	7 persons

The agreement made with the following Home to place accommodation at the disposal of the Authority continues:

Nazareth House, Cowley Road	4 persons

On the 31st December, the City Council was responsible for the augmentation of income to enable the stated number of persons to reside in accommodation provided by the following voluntary societies:

Nazareth House, Cowley Road	16 persons
British Red Cross Society, 107 Banbury Road ..	7 persons
St. John's Home, St. Mary's Road	2 persons
Fairfield, 115 Banbury Road	1 person
In voluntary Homes outside the City	24 persons

In a similar way, by arrangement with other Local Authorities, the City Council has accepted financial responsibility for two people in Oxfordshire County Council Homes, and one person in each of Homes administered by Exeter and Hillingdon.

Reciprocally, Oxford Old People's Homes were accommodating fourteen persons from Oxfordshire, five from Berkshire, two each from Northamptonshire and Wiltshire and one each from Portsmouth, Surrey, Hastings, Herefordshire, West Sussex, Inverness and East Sussex.

Temporary Accommodation

The Health and Welfare Services Sub-Committee retains responsibility for the provision of emergency accommodation for persons rendered homeless through unforseen circumstances such as fire or flood and for homeless adults without children. One middle-aged woman was accommodated temporarily as a result of fire making her house uninhabitable. Fortunately she was able to return after repairs had been carried out.

Applications for assistance this year jumped to the startling figure of 84 persons, of whom 57 were male. Undoubtedly the presence of the Simon Hostel is the reason for this increase. Many of these applicants are in a very poor state of health and one had to be admitted immediately to hospital, where he died. Admissions to the Homeless Families Unit rose from 8 women last year to 17 women this year, and in addition two other females were found accommodation in a Girls' Hostel.

The 17 females admitted to the Homeless Families Unit were in the following age groups:—

Under 20	21–30	31–40	41–50	51–60	Over 60
4	3	5	3	1	1

In 16 instances we were able to find alternative permanent accommodation within one or two days, but in one case occupation continued for the last three months of the year and into 1970. It is disturbing to find that alcoholic women are amongst those now needing help of this kind.

3. Welfare arrangements for blind and partially sighted persons

Registers

The number of blind and partially sighted persons on the register remains similar to the previous year. Disability on account of sight

continues to be mainly an affliction of old age with 66% of blind persons over the age of 70. As these handicapped people are predominantly elderly the social problem for the caseworker is usually complex.

Over each of the past five years, the numbers of persons registered as partially sighted have increased and again it is in the higher age ranges that the increase is most significant. 71% of all persons on the partial sight register are over 70 years of age.

1969 was a year in which we were able to develop our services for the blind and partially sighted, as this was the first year since 1965 that we had a full complement of social workers specialising in this field. This situation, together with the excellent co-operation we receive from the Oxford Eye Hospital, no doubt accounts for early assessment of need, and resultant increases in the total involved.

The causes associated with new cases who were under the age of 20 on registration were:

Blind child (male)	aged 1	Congenital deformity Congenital glaucoma
Blind child (female)	aged 4	Albinism
Partially Sighted (male)	aged 11	Albinism Rotary Nystagmus
Partially Sighted (male)	aged 5	Albionic Choriodal Nystagmus
Partially Sighted (female)	aged 18	Donques Honeycomb Chorioditis

Persons on the registers

	Blind	*Partially Sighted*
1965	209	99
1966	205	105
1967	205	133
1968	206	141
1969	210	168

Age Distribution

	Blind			*Partially Sighted*		
Age	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
0– 1	1	—	1	—	—	—
2– 4	—	2	2	—	1	1
5–10	2	—	2	1	1	2
11–15	1	—	1	1	1	2
16–20	3	1	4	—	—	—
21–29	—	—	—	2	2	4
30–39	3	2	5	3	—	3
40–49	9	3	12	4	1	5
50–59	10	8	18	7	4	11
60–64	4	5	9	5	5	10
65–69	10	6	16	5	6	11
70+	44	96	140	33	86	119

Age Distribution of New Cases

	Blind			*Partially Sighted*		
Age	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
0–15	1	1	2	2	—	2
16–20	—	—	—	—	1	1
21–29	—	—	—	—	—	—
30–39	1	—	1	—	—	—
40–49	1	—	1	1	—	1
50–59	1	3	4	—	3	3
60–64	1	1	2	3	—	3
65–69	—	2	2	2	1	3
70+	4	12	16	14	32	46
			—			—
			28			59
			═			═

Diagnoses in new cases

	Blind		*Partially Sighted*		
	Male	*Female*	*Male*	*Female*	*Total*
Macular degeneration	4	6	5	9	24
Retinopathy	–	2	1	1	4
Glaucoma	–	5	10	7	22
Cataract	1	2	1	7	11
Diabetic retinopathy	1	1	1	2	5
Myopia	–	–	–	1	1
Optic Atrophy	1	1	1	1	4
Miscellaneous	2	2	3	9	16
	—	—	—	—	—
	9	19	22	37	87
	═	═	═	═	═

We are indebted to Mr. E. W. Allen, Senior Optician at the Eye Hospital, for providing us with the following table concerning the provision of Low Visual Acuity Aids to Oxford residents:—

Year	1 Total supplied	2 Number with satisfactory result	3 Number who should have improved but did not return for follow-up	4 Number who returned appliance as unsatisfactory	5 Number of new cases registered as partially-sighted each year
1959	12	3	5	4	2
1960	12	6	3	3	3
1961	10	4	3	3	6
1962	11	4	6	1	6
1963	9	7	1	1	7
1964	14	4	4	6	14
1965	20	9	9	2	19
1966	17	1	9	7	26
1967	25	11	3	11	45
1968	22	16	3	3	48
1969	18	9	4	5	59
Total	170	74	50	46	235

General Welfare and Social Activities

Owing to increased numbers attending Craft and Social Activities it was arranged to extend the Craft Class to an all day session one day a week. This has proved most successful. Tape Recordings and Socials are very well attended.

Approximately two hundred people enjoyed the Annual Party at the Town Hall which was attended by the Lord Mayor. The holiday in May arranged in co-operation with the City and County Society for the Blind was at Southsea. A number had the opportunity of visiting the Oxford New Theatre for the Pantomime and supper afterwards at the Handicapped Centre. Outings to Syon Gardens and Weston-super-Mare were very much enjoyed. Arrangements were made to have an open Craft Class in December to enable voluntary drivers and friends to come along and see some of the work made by blind people. A very enjoyable Christmas Party was held at the Handicapped Centre and a Carol Service was given by the young people of St. Clement's Church.

Once again our thanks are due to our Voluntary Drivers and Voluntary Workers who play a great part in all our activities and without whose help we should not be able to continue these services.

4. Welfare arrangements for other Handicapped Classes

A. Deaf

The City Council in co-operation with the Diocesan Association for the Deaf have continued their efforts to expand welfare facilities for the deaf and hard of hearing.

Registers

Age and Sex

Age	*Deaf with speech*		*Deaf without speech*	
	Male	*Female*	*Male*	*Female*
Under 16	7	3	2	1
16–29	8	7	6	6
30–49	3	–	2	2
50–64	3	1	6	4
65 or over	2	2	2	–
Totals ..	23	13	18	13

Comparative Totals

	Deaf with Speech				*Deaf without Speech*			
	Under 16	16–64	65+	*Total*	*Under* 16	16–64	65+	*Total*
1965	14	14	5	33	7	29	3	39
1966	13	19	5	37	5	26	2	33
1967	12	20	5	37	7	26	1	34
1968	12	19	5	36	7	26	1	34
1969	10	22	4	36	3	26	2	31

I am indebted to the Reverend P. L. W. Hunt for the following report on general social activities:—

"The Senior Welfare Officer for the Deaf is responsible for the Welfare of the Deaf in Oxford City and the welfare of the Deaf and Hard of Hearing in the whole of Oxford County and in North Berkshire.

This includes the visiting of the sick, lonely and house-bound, and deaf-blind as well as the specialised work of assisting clients to make use of the services offered by various voluntary and statutory bodies, especially when the need for interpretation exists. Limited language, negligible or imperfect speech combine to form a considerable handicap for deaf people who endeavour to lead normal lives in the community.

The New Centre for the Deaf and Hard of Hearing is the principle base, but the closest relationship and liaison is maintained with the Oxford City Welfare Division, other local authority departments, teachers of the deaf, speech therapists and otologists.

The Centre provides facilities for social, recreational and educational activities as well as a chapel. The Senior Welfare Officer, now ordained priest, conducts services for the deaf regularly in Oxford and in other parts of the area in addition to carrying on normal Welfare duties."

National Deaf Children's Society

We are indebted to Mr. K. Bull, Secretary, for the following report:—

"Activities over the past year have been varied. All children requiring extra tuition have received it and the nursery unit at St. Ebbe's School was kept open for an extra two weeks during the summer holidays. A play group for pre-school children is being run at the Centre on Friday mornings with the supervision of Radcliffe staff. During the Christmas holidays, an activities group was organised at the centre by Miss R. Heddon with the help of students from Lady Spencer Churchill College for children from residential schools. It is hoped that this will continue during future school holidays. During the summer, Mrs. Livingstone gave a garden party for parents and children at her home.

Through donations and subscriptions, overhead projectors have been installed at the St. Thomas and South Oxford Units. We are now looking into the possibilities of Russaid equipment for individual children".

B. The Hard of Hearing

Register

Age and Sex

Age	*Male*	*Female*
Under 16	1	—
16–29	4	5
30–49	4	2
50–64	5	10
Over 65	61	155
	75	172

Comparative Totals

	Under 16	16–64	65+	*Total*
1965	–	43	133	176
1966	2	47	271	320
1967	2	47	239	288
1968	2	47	237	286
1969	1	30	216	247

The Secretary of the Oxford and District Club for the Hard of Hearing, Miss J. McLennan, has kindly supplied the following report:

"The club reached its 21st Anniversary during the past year and it is clear that since its formation it has provided a vital need for handicapped people even though the Welfare Services provided by Local Authorities have expanded greatly during this time. The weekly meetings continue to be of a social and entertainment nature. The establishment of a library of very varied books (the personal efforts of one member provided hundreds), has added a further interest. The Club has had Lipreading and Clear Speech Contests as well as joining with other Clubs in neighbouring counties for activities of the B.A.H.O.H. Many members who are elderly and becoming physically infirm are not able to make the journey to the Club meetings in St. Ebbe's, particularly in the dark winter months, as there are few convenient 'buses or other forms of transport passing close to the building. Furthermore, the redevelopment in progress causes much disturbance to roads and pavements which create extra difficulties for the elderly in the dark.

The appointment of a Welfare Officer for the Hard of Hearing in the City Welfare Services Division during the year has been most beneficial. She has been in attendance at the Club Meetings every week, taking a small group in lipreading and clear speech practice; she also visits house bound people who have hearing difficulties."

	Handicap	Age Under 16	Age 16–29	Age 30–49	Age 50–64	Age 65 or over	Total
1	Amputation	—	2	—	8	6	16
2	Arthritis or rheumatism	—	—	5	17	34	56
3	Congenital malformations	—	1	1	3	1	6
4	General diseases	—	4	5	5	6	20
5	Injuries	1	7	5	6	9	28
6	Organic nervous diseases	2	15	28	29	12	86
7	Psychiatric illness	1	—	4	2	—	7
8	Diseases not specified above	1	—	2	1	2	6
	Total	5	29	50	71	70	225

C. Generally Handicapped

One of the trainees who successfully completed his training in 1969 and returned to the Division has special responsibility for the welfare of the handicapped, and as a result of the additional staff time available there was a marked increase in work with the disabled.

The total now registered are shown in the opposite table.

61 new cases were registered in the undermentioned categories:

Age	Number Registered	Category
0–16	1	Injury
16–29	2	Arthritis or rheumatism
30–49	11	2 — Arthritis or rheumatism 2 — General Diseases 7 — Organic nervous diseases
50–64	17	7 — Amputation 7 — Arthritis or rheumatism 3 — Organic nervous diseases
65+	30	17 — Arthritis or rheumatism 1 — Congenital malformation 5 — General diseases 3 — Injuries 4 — Organic nervous diseases

The number of aids provided for handicapped persons in their own homes has again increased to 113 compared with 60 last year.

Type of Aid	*Number*
Bathing Aids	60
Handrails	18
Special toilet fittings	18
Garage facilities	1
Other items	16

Due to the general economic squeeze the building of the Handicapped Persons Centre in Rectory Road was again delayed, although at the time of writing there is every hope that this building will commence at the end of the financial year 1970/71. This development will enable services to be brought to many more disabled than at present.

Spastics

There are 33 spastics known to the Department—11 adults (8 male and 3 female) and 22 children. The latter are not registered as they are in the care of the School Health Service, but contact is maintained with the Education Department in order to ensure a smooth transfer to the welfare services when that becomes necessary. Of the 11 adults, 7 are normally resident in their own homes and 4 are being cared for in special homes and hospitals.

Epileptics

Thirteen adult epileptics of major severity (6 male and 7 female) are known to the department. Nine reside in their own homes, 2 are in colony residence and 1 is in hospital care; 1 is in Part III accommodation (Oseney Court). The great majority of minor cases are able to continue in normal employment. In addition there is one boy aged 12 at Lingfield Hospital School, Lingfield.

5. Blind and Handicapped Workshop

When the book finishing section was opened in 1967 it was understandable that in view of the capital expenditure on machinery much attention would be focussed on the trading account. Although the figures showed a marked improvement in 1968 it was not until the second half of 1969 that real growth occurred.

The section increased from eight to ten workers and during the last six months of the year average earnings were a full two-thirds of each worker's gross weekly pay. This high earning rate, never possible in traditional trades where a third of the gross pay would be accepted as satisfactory earnings, is producing not only a substantial reduction in the overall 'cost per worker' but happy, keen workers, working as a team in a busy industrial atmosphere.

With one worker retired and another transferred to Book finishing, the Chair Seating Section has been reduced to four workers. In view of the continuing demand for chair seating it is not intended to reduce this section any further, apart from retirements.

Three Blind and 12 Sighted Disabled workers are employed in three departments as follows:—

Trade	*Number of Employees*	*Categories of Disabilities*
Book Finishing	10	Blind (1), Epilepsy (2), Brain Damage (3) Diabetic (1), Paraplegia (1), Schizophrenia (1), Hemiplegia (1).
Chair Seatings	4	Blind (2), Poliomyelitis (1), Hemiplegia (1)
Watch and Clock Repairs	1	Poliomyelitis (1)

The origin and value of goods sold in the shop were as follows:—

	1968	**1969**
City of Oxford	7,093	7,797
Other Authorities	8,795	8,664
Occupational Therapy:		
City of Oxford	3,443	2,622
Oxfordshire County Council	668	539
	£19,999	£19,622

6. Miscellaneous Services

A. Meals on Wheels

With the exception of Barton End, which does not have adequate kitchen facilities, each of the eight Old People's Homes were involved in the provision of meals for the service. Each Home provides between 30 and 40 meals per day, according to local demand. The total number of meals distributed was 51,684 of which 29,178 originated from the Old People's Homes, and 22,506 were supplied by York Place Municipal Restaurant. Meals are normally available on four days a week, but where specific need exists, arrangements are made for additional meals to be supplied.

A three-week experiment was carried out at Oseney Court utilising convector ovens and individually packed frozen meals. This type of meal proved to be extremely popular with the recipients and final costings showed that such meals could be provided at no additional cost once the kitchen equipment was available. This experiment was carried out to gain experience in designing future projects.

Delivery of Meals on Wheels has been undertaken mainly by members of the Women's Royal Voluntary Service and the British Red Cross Society. Drivers, helpers and vehicles have been found regularly throughout the year although there have been times of difficulty and more volunteers are always welcome. The Council pays 8d. per mile to those drivers using their own vehicles. With this excellent support from the voluntary agencies the Meals on Wheels Service has continued to grow steadily. There is no doubt that, for relatively small cost, it is a most valuable service for the elderly infirm.

B. Temporary protection of property of persons admitted to hospitals, etc.

This duty under Section 48 of the National Assistance Act, 1948 was effected in 104 cases during the year. There were 115 current inventories of property still in custody at the end of the year.

C. Burial or cremation of the dead

Under Section 50 of the National Assistance Act, 1948 it was necessary for the Council to arrange 14 burials and 1 cremation. In all but one case part or full recovery of the cost involved was made.

7. Clinical medical work on behalf of the Welfare Services (Dr. Hollyhock)

As in previous years a senior medical officer is available to advise on day to day medical problems as and when they arise in the work of the Welfare Division. On these occasions the medical officer is often able to act as a valuable link between general practitioners, hospital doctors and welfare officers.

Summary of work undertaken

(a) *Assessment of suitability for Part III accommodation*

In order to assess the suitability of patients for accommodation in Old People's Homes, 12 visits were made. Some of these were to persons in their own homes when they were under consideration for admission to an Old People's Home, whilst others were to persons in hospital, to assess whether they were suitable for transfer or return to an Old People's Home. In addition an elderly person in an Old People's Home may by virtue of increased frailty or super-imposed illness, require assessment as to suitability for admission to hospital. As far as it is humanly possible, residents continue to be maintained in the Old People's Home to which they were originally admitted, but some elderly persons in the latter days of their lives require so much continuous nursing care that they must be admitted to hospital.

(b) *Miscellaneous Visits*

Eight visits were made to assess persons for removal under Section 47 of the National Assistance Act, but fortunately it was not necessary to take statutory action in any of these cases. By utilizing the various supportive services to their maximum it was found to be possible to care for these persons in their own homes.

10 handicapped persons were visited to give advice on various problems concerned with their daily living.

Severely handicapped young people resident in the Oxfordshire Cheshire Home near Banbury, were visited on a number of occasions. All seemed to have made a very satisfactory adjustment to life there. On social occasions, including the official opening of the Home by Group Captain Leonard Cheshire, Oxford residents were very much in evidence playing their role of hosts and hostesses.

(c) *Provision of domiciliary equipment and household adaptations*

The need for large equipment or major adaptations to a house in order to aid a handicapped person is assessed by the senior medical officer.

Small adaptations and aids to daily living are dealt with by the domiciliary occupational therapist, who is normally visiting the patient.

(d) *Old People's Homes*

Many informal visits were made to all Homes during the year by the senior medical officer. Sometimes the visits were made at the specific request of the staff to discuss a particular problem, whilst others were made merely on the basis of "dropping in" to see that all was well. Every resident in a Home does, of course, have their own personal general practitioner, but Matrons are frequently pleased to be able to consult the senior medical officer on such subjects as the prevention and investigation of outbreaks of infectious disease.

(e) *G.P. Surgery Session for elderly patients*

The geriatric clinic session which was started by a general practitioner at the East Oxford Health Centre in February, 1968, has continued to be held every alternate Tuesday. The arrangement for the collection of the elderly frail patients of the practice, and their transport to the clinic, has continued satisfactorily using the utilecon vehicle with a mechanical tail lift. This clinic enables the general practitioner to see a greater number of his frail elderly patients during an afternoon than he would be able to do had he to visit them individually in their own homes, and as a result he is able to review these patients more frequently during the year. In this way it is possible to maintain these patients in a better state of health and so avoid some of the episodes of illness requiring hospital admission. By the end of the year 20 clinics had been held and 75 patients had made a total of 200 attendances.

SECTION IX

ENVIRONMENTAL HEALTH

REPORT BY W. COMBEY, D.P.A., F.A.P.H.I., F.R.S.H.,

Chief Public Health Inspector

In reviewing the conditions for 1969 it is perhaps relevant to remark on growing interest in the field of environment with the coming of European Conservation Year 1970. There is much talk and publicity by all sorts of interests, associations, individuals, etc., about pollution of the environment and conditions prejudicial to health and the need for improvement of amenity, particularly in regard to public health and hygiene. While this is all to the good, it is perhaps not irrelevant to reflect on the hundred years and more which have elapsed since public health, medical and lay officers became actively concerned with environmental improvements so essential for protection of public health. So far little, if anything, has been heard of the Public Health Inspectorate in recent publicity on environment and it seems that those concerned may have forgotten the immense tasks tackled in the past by those officers. Work of even greater complexity lies ahead in the environmental field if health hazards are to be reduced to a minimum in the context of conditions concerned with modern industry and the activities of those involved in commerce and general day to day environment. We have progressed a long way since the Industrial Revolutionary period of bad housing, acute health hazards and disease dangers much more apparent then than now. Nevertheless we have still not learned fully the art of being "good neighbours". We continue to revel in conditions suited to our own mode of life without thought for the "man next door" and this lies at the root of much environmental upset currently causing so much concern, not only locally or nationally, but internationally.

The local scene during the year showed much of interest happening within the activities of the Department. There was continued interest in the Simon Community Centre in Mill Street near the Station. The organisation seemed to operate successfully, although with a reduced number of inmates (viz. 20) in the Common Lodging House portion of the Centre and a so-called Second Tier involving about 8–10 chronic alcoholics, meths drinkers, drug addicts, etc., receiving special attention with a certain amount of medical oversight. It would seem that a useful job is being done among vagrants with a minimum of complaint, although not without an undercurrent of concern from residents in the vicinity, who are still not very happy about the project in their midst. The Church Army Hostel

also continues useful work and it seems a pity that modernisation is not possible quickly, as it is known that the Salvation Army will be rebuilding their citadel with associated welfare facilities at the bottom of Littlegate (not far from the present Church Army site).

Gypsy encampments and itinerant caravan dweller problems arose during the year, coinciding with the Ministry edict that Local Authorities must provide as soon as possible adequate sites for these particular types of mobile families. It would seem that there is hope to encourage children of such families during the so-called "off season" and while settled on a site, to secure some education and experience of more settled living conditions, leading eventually to better hygienic conditions of life and greater attention to control of daily habits. Despite survey of a number of sites and meetings held with interested colleagues from other Departments, the Slade Park site (just over the boundary of the City) still seems to offer the best facilities for a settled gypsy site. At the end of the year the Ministry were approached to see whether they would agree to the site, which, although just over the City boundary, is already well-known to the gypsy fraternity and near enough to the City boundary to be almost forming part of it. This Department is still not convinced that we have had any so-called "gypsy problem" for, apart from a special influx a year or two ago at the Oxpens Market area, little has been noted of efforts to occupy land within the City boundary in the past. The Nomads normally wander around the City environs tending to use sites in the more rural areas fairly close to the City, finding that such sites serve very well as bases where they can sort over goods with comparative freedom from intervention. It is hoped that this matter of a permanent site will be settled during the coming year.

There was quickening interest in the problems associated with pet animals when White's Animal Boarding Establishment at the Slade closed down and was later demolished. Concern increased about the number of dogs wandering around the City housing estates, particularly Blackbird Leys. The Sanctuary Society voluntary helpers are organised to cope with homeless dogs and may prove of particular value in this context if they can secure accommodation for the purpose.

Little of importance occurred throughout the year in connection with the Offices, Shops and Railway Premises Act and staff coped quite well with circumstances as they arose from time to time. There was the usual list of accidents which were comparatively minor in character and not large in number. Some anxiety exists about modern conditions of heating and ventilating offices and shops, for there seems a tendency to over-heating and lack of air movement, and staffs seem loath to complain, seeming rather to discuss conditions among themselves without revealing their objections to management.

In so far as pest control is concerned, staff performed well throughout the year in dealing with Contract requirements, numerous wasp nest complaints and general eradication from premises of rats, mice and other pest infestations. Charges were introduced for wasp nest destruction towards the end of the year, following a review of financial circumstances, and a charge was also authorised by the Health Committee for the collection and disposal of food in quantity resulting from unsatisfactory storage conditions—mainly refrigeration breakdown. This often arises during or after warm weekends and seems to be due to lack of proper maintenance and supervision over the period of closure of premises. This unfortunate circumstance leads to the loss of considerable quantities of food which are not necessarily unfit for consumption but merely unmarketable and considered not suitable for general distribution. Surely one should expect some means of preventing such deterioration of food subjected to temperature rise higher than its proper storage conditions require. Over the country as a whole there is an enormous amount of food wasted in these days of constantly rising prices and a growing need for conservation of resources affecting the household food bills of countless numbers of families.

There is increasing concern about resistance of rodents and some insect pests to modern insecticides now in use. It is becoming clearer every day that nature constantly re-asserts itself when subjected to opposition, for it is known that there is reaction among animals and insects to various poisons and deterrents used in pest control activities. It is therefore incumbent upon those working in this field to study the habits and conditions found and take steps to prevent unnecessary and, indeed, undesirable growth of resistance to certain poisons. This requires increased technical knowledge and a sharpening of interest in the work of pest control by those engaged in the work and it is very evident now that the day of the old time "Rat Catcher" is far behind us.

In air pollution activities it was possible to continue progress by bringing in no. 8 Area covering the majority of South Oxford, and no. 9, involving the St. Ebbe's redevelopment area now almost cleared of buildings. This will ensure future redevelopment on smoke control lines. It is hoped that no. 10 Area (Donnington) may become effective towards the end of 1970, although there are signs already of some shortage of cokes and premium solid fuels. Such shortage may result in diversion from solid fuel to piped fuels such as gas, oil, or even electricity, and who can blame those who are interested if they take the opportunity of choosing such fuels for future use rather than solid fuel, having doubts about its availability. Our interest in plans of buildings involving boiler plant continued, with chimney heights our main concern, and close liaison was maintained with the Planning Department in connection with such proposals. It is apparent that every effort will be needed to ensure flues appropriate in height to the

circumstances of the area involved, as amenity as well as health hazard is important. Incineration is growing in popularity because of difficulty in disposing of refuse through other channels and it is known that land for controlled tipping is limited in extent, even in this City of comparatively open development. It is to be hoped that a forest of incinerator flues does not result, for, unless special precautions are taken, pollution will be inevitable. It would be a retrograde step to approve appliances likely to lead to undesirable and possibly obnoxious effluent to the air of this University City already showing an excellent return for our Clean Air efforts in the past.

Noise problems were dealt with as quickly as possible—some fairly simply, others requiring rather more particular attention. Unfortunately there is growing evidence of unreasonable noise from Clubs and Community Centres where excessive music, shouting, singing and clashing of car doors and noise from cycle and vehicle exhausts is creating nuisance. Such conditions can be unbearable and most irritating to those living near the source of the noise and it is perhaps unfortunate that these popular centres of community interest are inevitably built near residential property. Nevertheless it is difficult to imagine them being sited elsewhere and codes of behaviour would seem the only hope for final cure.

Housing activity involved in the Jericho rehabilitation area caused considerable interest. The area does not show much yet in the context of external uplift of amenity, although the new dwellings built by the City Council in the Cranham Street area have added some dignity to the scene. Unless and until external improvements are made to the houses being replaced or improved, little interest will develop in the improvement work needed to complete the successful rehabilitation exercise. It was gratifying towards the end of the year for the Chief Public Health Inspector to be invited to give a paper at the 1970 Congress of the Royal Society of Health on the subject of "Rehabilitation of Houses" and it is hoped that the experience gained of other areas will help the various Departments of the City Council in carrying out the complex responsibilities involved in voluntary house and area improvement.

The new Improvement Grant system as laid down in the Housing Act, 1969, offers higher grant aid to those interested in improving their houses but it is yet early days to see how far interest in grant aid will develop. This question of finance available to both individual owner and Government interests is difficult these days and will undoubtedly affect progress. Much extra publicity is needed from those in the housing field to tenants and owners alike about the grants available and the advantages of modernising older property. In terms of desirable improvement it seems that attainment three times that so far achieved will be needed if the majority of area Councils wish to complete their programmes before

the end of the present century! In the realm of slum clearance there would seem also to be need for progress at a much quicker rate than at present to succeed in completing clearance progress in a reasonable period of time.

Multi-occupation of houses continues, presenting a big field of activity for Inspectors as conditions vary from the mere inconvenient to the downright disgusting. Happily such latter types are few in number in this City. Several thousands of houses are used in multiple occupation, not counting the bed and breakfast, and boarding accommodation for students attending the University. Overcrowding seems confined to the multi-occupation type properties and steps were taken to secure running down of numbers of occupants where this was appropriate.

Staff pressed on with attention to the hygiene of cafes, food shops, food service, food hawkers and the like, attaining a reasonably high standard throughout the City. Another case of Brucellosis was associated with the local farm reported last year, which has obviously not been completely cleared of infection. Antibiotics in milk continue to be found occasionally and dairy farmers still have not appreciated the seriousness of carelessness in treating infected cows with antibiotics. Penalties are laid down for inattention to the requirement that milk from cows treated with antibiotics must be withdrawn from public supply for a period of 48–72 hours. The usual troubles associated with Hot Dog vans were dealt with frequently, for this tiresome business seems to have no end. It is a pity that vans could not be banned from the streets altogether and dealers be compelled to use premises for selling Hot Dogs. This would enable proper precautions to be taken by appropriate ventilation treatment to prevent the unfortunate odour problem which assails any area around a Hot Dog van in a public street.

The closure of Eastwyke Slaughterhouse placed a bigger load upon the Co-operative Society premises but by the end of the year it seemed to be coping quite well with demand. Some slackening in meat trade activity helped to overcome what might have been a somewhat over-whelming demand on facilities. Liver fluke infestation of animals again reached record proportions and it seems that treatment of land has not been as effective as desired and further attention is needed to control this persistent pest which leads to considerable loss of valuable food.

Special attention to pesticide residues in food last year will be followed up with spot sampling in 1970 of those foods thought likely to show presence of pesticide. Food complaints involving foreign objects and mouldy conditions gave rise to a number of prosecutions resulting in heavy fines. Catering firms, food handlers and others associated with the nation's food supply should realise the seriousness of inattention to proper hygiene, turnover of stock and careless conditions associated

with the handling of food. The future of the Oxpens Cattle Market is open to conjecture but eventual removal or closure seems possible.

Staff changes involved the appointment of two District Inspectors and one Student Inspector. Messrs. Dalton and Brogden, both Student Inspectors in their final phases, were successful in their studies and look forward to their final examinations in early course. The next two years will give rise to an interesting situation with several older members of staff due for retirement. Possible changes in Local Government and in the Health Services in particular are already exciting much comment from staff in Local Government generally and particularly in respect of our own place in the hierarchy of disciplines likely to be adopted in any new set-up. Separation of personal health activities and removal of welfare functions from the Health Department will leave a strangely denuded service with public health environmental duties as the mainstay of the health functions of Local Government (assuming that proposals at present in the pipe line are finalised). Whether this circumstance will lead to fragmentation of what has always been a wide sphere of responsibility in health matters remains to be seen, but it is hoped that those responsible for future organisation will remember the important part played in the past and still to be played in the future by the Public Health Inspectorate of Local Authorities who are looked upon as real "guardians of the public health".

In concluding this introduction to what is in fact my twentieth Annual Report, I would again pay tribute to my active Deputy, Mr. S. J. Garrod, and the other members of staff for their loyalty and invaluable assistance throughout the year, without which this Report would be impossible, and I am grateful to the new Administrative Assistant, Mr. H. Beedle, for his keen interest in the office organisation and hope he is finding the work rewarding and worth while.

The Report is presented as usual in three Sections—(A) General Environment, (B) Housing and associated matters, and (C) Milk, meat and other foods.

(A) GENERAL SANITARY CIRCUMSTANCES

(i) Complaints and Inspections

There was a considerable increase in the number of complaints this year with a rise in wasp infestations—obviously associated with weather conditions, and increased attention was needed to infestations by rodents, insects and pests of various kinds. There were also more complaints regarding accumulations of refuse, unwholesome food containers and other matters regarding food sales. Indeed the total number of complaints received is the largest for some time. Noise nuisances increased a little, while the depredations of so-called gypsy encampments adjoining the City boundary increased the complaints concerning refuse accumulations, etc. Complaints about general housing conditions remained very much the same as last year and in fact never seem to vary very much year by year. Surprisingly enough attention given to multi-occupation conditions did not seem to stimulate more inspections, although the subject continues to give increasing concern to the Department.

Complaints	*No.*
Accumulations of Refuse	41
Choked and Defective Drains	38
Defective Water Closets	16
Defective Water Supply	10
Dirty or Verminous Premises	15
Fumigation and Disinfection	57
General Housing Defects (including dampness)	101
Infestation by Insects and Pests	575
Infestation by Rodents	717
Infestation by Wasps	642
Keeping of Animals	10
Miscellaneous	80
Noise Nuisance	53
Offensive Odours	72
Overcrowding	8
Refuse Accommodation	13
Smoke Nuisances	41
Unwholesome Food, Containers and False Descriptions	119
	2,608

Number and Nature of Inspections	
Animal Nuisances	23
Drainage	502
Health Education	39
Housing	3,112
Insect Pests	208
Inspection of Plans	1,598

Interviews	1,880
Licensed Premises	187
Lodging Houses	66
Miscellaneous	1,285
Movable Dwellings	357
Multi-occupation	955
Noise Nuisances	212
Offices, Shops and Railway Premises Act Inspections	831
Overcrowding	14
Pet Animals	47
Pharmacy and Poison Sellers	14
Piggeries and Stables	75
Rats and Mice	15,896
Refuse Storage and Accumulations	331
School Premises	57
Verminous Conditions	48
Water Sampling	52

(ii) Sanitary Circumstances of Aged Persons

There were during the year one or two cases where intervention was needed but our colleague Welfare Officers, as usual, were able to assist in securing accommodation where necessary, while our own staff were able to improve the general sanitary conditions where appropriate.

(iii) Lodging Houses

While there continues to be considerable interest in multi-occupied premises also involving students' accommodation outside Colleges, the City is fortunate in having few lodging houses of poor type. In years gone by Common Lodging Houses where homeless men could find cheap overnight accommodation at short notice existed in fairly large numbers but all have now disappeared with the exception of the Church Army Hostel in Cambridge Terrace. The latter is on the edge of the redeveloping St. Ebbe's area, while a small annexe nearby in Charles Street, which served a useful purpose for some years, has now been closed in anticipation of redevelopment. The Church Army continues to be interested in future Hostel activities within the City and has called together representatives of various interested bodies to consider the future of their arrangements. The main problem is, of course, one of finance, involving consideration of another site, and seems a matter of prime importance, for the present site could undoubtedly be sold for redevelopment with obvious financial advantage, but the cost of providing a new Hostel on a new site would involve considerable expense and concern to the Army Authority. Nevertheless there seems continuing need for a Hostel of the Church Army type in the City. For many years it has provided reasonably cheap accommodation for homeless men and also provided a 'harbour of hope' for those without apparent prospects who require such special attention

as a body like the Church Army can give. It is also obvious that the welfare of some aged men has been a considerable cause for concern by the Church Army Authority—a proportion of beds having been allocated to such men who were not catered for in that way by the public Welfare Authority. It is pertinent to remember that the Department of Health and Social Security does not provide a Reception Centre in Oxford for unemployed men, the nearest being at Newbury, Berks—27 miles away—while there is a considerable distance between Oxford and the next Reception Centre in the Midlands. It is not surprising that numbers of men are found around the town looking for shelter or sleeping accommodation and trying to secure assistance from the local Welfare Department. There seems adequate scope for the work of a body like the Church Army to develop a more modern property giving service of the kind provided in past years and so giving a useful help to the community in coping with the "out of step" section of the community.

The Simon Community for vagrants now seems well established in the premises near the Oxford Station formerly occupied as a Hostel by British Rail. Regular returns show that some 20 men are accommodated in that section registered as a Common Lodging House, while some 8–10 drug addicts, meths. drinkers, etc., are bedded down in another part where they receive rather more specialised attention and regular visitation by a Medical Practitioner. This so-called "Second Tier" is run on the lines of a "Recovery Unit" with the intention that the inmates can be transferred in early course to a more advanced unit of permanent type associated with the hospital for Psychiatric disorders at Littlemore. Notwithstanding the considerable upset caused at the outset by the establishment of this Community, a full year has elapsed without much in the way of major disturbance—not that this implies freedom from concern in the neighbourhood of the Hostel at the type of people who constantly arrive for shelter. Nevertheless a firm undertaking has been received by the City Health Committee from the Community that not more than 20 persons will be accommodated in the Lodging House section. This has been responsible for reducing a tendency towards overcrowding and achieves a scattering of unsuccessful applicants night after night. For some time after the initial instruction was given there were cases of troublesome itinerants sleeping rough. Applicants have reduced gradually to a number reasonably close to the vacancies available nightly. Staff consists of volunteers of various kinds—social workers, students and well-intentioned members of bodies interested in social recovery work. There is much to be said in their favour for dedication to a job which, even at the best of times, is not exactly a "bed of roses". Conditions are often rough and troublesome with little reward obvious but there are signs that some recoveries are effected for it is stimulating to hear occasionally of one character settled down to a job for a reasonable period; or one or two alcoholics who have dried out and seem prepared to continue in that state for as long as possible. Whether any extension in this

CHURCH ARMY HOSTEL, ST. EBBES, 1970

form of work can be expected is a matter for conjecture and certainly the Simon wanderers have become a regular feature of life in this University City—to many people's disgust and, at times, voluble concern. The Police also have their worries in this connection, although they would probably agree that the troubles met have not been as extensive as anticipated. The work of "recovering the lost" is perhaps not without ultimate benefit to the community.

A hut adjoining that occupied by the Community has several times been broken into and thoroughly misused, so Christ Church College, the owners, have agreed that if the hut cannot be used by some suitable occupant such as a builder (for storage of materials) or some similar use, then the building will be demolished and the site cleared. So far this has not taken place and the hut remains empty with its future somewhat doubtful.

There were the usual cases of body lice for treatment by the Pest Control staff, who arranged for personal bathing and treatment with approved materials, including D.D.T. powder and other effective insecticides. Sterilisation facilities for bedding were available and used from time to time at the Slade Hospital and the staff of the Simon Community were encouraged to use D.D.T. powder or similar material regularly for treatment of cubicles and bedding at the Hostel.

It is interesting to note that in early 1970 the Salvation Army Centre in Castle Street is to be removed to make way for proposals allied to the Westgate redevelopment scheme with a new citadel to be built on a site not far from the Cambridge Terrace Hostel of the Church Army. This new citadel will provide church activities and accommodation for dealing with welfare problems associated with the Salvation Army rehabilitation system. It may be, therefore, that still further attention will be given to the problem of homeless and wandering persons by this important body of social workers.

(iv) Movable Dwellings

Three official sites exist in the City, on which 3 caravans accommodate only 3 persons. This is probably the lowest figure in this connection for some considerable time. Nevertheless some 357 (742) inspections of movable dwellings were carried out during the year because of attention required to the wandering caravan dwellers who appeared from time to time, mainly in the Slade Park area, which is an undeveloped area adjoining the Eastern By-pass. The Bullingdon R.D.C. have a caravan site at Slade Park just outside the City boundary on City Council land. It provides accommodation for a number of these van dwellers preparatory to permanent removal to another site at Sandford being prepared by the R.D.C. in collaboration with the Oxfordshire County Council. Considerable concern was felt by both Bullingdon and Oxford City officials about the circumstances and towards the end of the year it became clear that

several months would elapse before the site at Sandford on Thames would be ready for occupation. Consequently, by arrangement with the City Estates Surveyor, the Rural District Council agreed to accept responsibility for the caravan site as a temporary expedient. In this way they felt they could cope with the number of approved caravan dwellers likely to be transferred to the Sandford site and arrange for the dispersal of the other caravan dwellers as the site ran down. This arrangement has been agreed and it is hoped that it may prove a useful step towards cleaning up an area which has been constantly in a most deplorable condition.

No less than 56 caravans have at one time occupied the site and it seems likely that considerable activity will be needed before the site is eventually properly cleared. As a final precaution against unauthorised entry to the land, the City Estates Surveyor arranged for deep trenches to be dug around the periphery of the site, piling up the extracted earth to make it difficult, if not impossible, for caravans to enter on the land. Further consideration is being given by the City Council to the setting up of a permanent site for gypsies, although the finding of land suitable for the purpose is not easy. The occasional appearance of gypsies at times of St. Giles' Fair has been noted, but recent publicity about caravan sites has undoubtedly stimulated wandering bodies of caravan dwellers to descend upon the City, causing considerable concern because of their insanitary habits and flouting of the law and Regulations. Nevertheless the possibility of a permanent site is very much under review and no doubt the matter may be resolved by next year.

(v) Offensive Trades

As expected, the Marine Store Dealer in St. Ebbe's has been re-sited in the Horspath Road Industrial Area and buildings and yard are in process of clearance. This means removal from the City centre of a long established trade which had done nothing to improve either the health or amenity of the area.

(vi) Drainage

The number of complaints received is not much larger than normal (38 as against 34) and the City Engineer's staff collaborated extremely well with the Inspectorate in dealing with most problems. The Department are fortunate in having a close and happy co-operation with members of the Drainage Section of the City Engineer's staff, who are at all times willing to assist or advise as occasion demands.

(vii) Riding Establishments, Stables and Piggeries

The small Riding School at Wolvercote has now ceased to operate, leaving the City without a recognised establishment. Further diminution in the number of Piggeries took place during the year, leaving only 6 (9)

A 'GYPSY' SITE (SLADE PARK) WITH BOUNDARY DITCH!

within the City. None of the Piggeries are registered under the Diseases of Animals (Waste Food) Order, 1957 unsterilised food not being in use on the premises. Only one or two Stables still exist for individual ponies kept by private families who enjoy the use of meadowland in a City very well served with open spaces. Nevertheless, such lanes and byways as exist are becoming still fewer and more restricted every year and Port Meadow on the riverside is about the only large open space remaining where animals can be exercised generally without much restraint. 75 inspections were carried out in connection with the types of premises forming the subject of this paragraph.

(viii) Pet Animals and Animal Boarding Establishments

So far as Pet Animal shops are concerned under the provisions of the Pet Animals Act, a reduction to 9 licensed premises is shown on the Register and 47 visits were recorded. Premises generally continue to be satisfactorily operated, although an incident involving a child bitten by a monkey at one Pet Shop highlighted the need for care in animal control. Monkeys had been released in the shop for exercise outside cages, notwithstanding the fact that child visitors were allowed at the time, and a child was bitten. Because of possible infection from the two Asiatic type monkeys which had only been in the country a few months, special precautions were taken by the visiting Veterinary Officer. After careful examination and isolation for a week or two, the monkeys were released as being in satisfactory condition. The incident certainly focussed attention on the need for care in the proper housing and control of animals likely to be a risk to public health. There was another case of unsatisfactory conditions in a Pet Shop which required immediate steps to rectify the conditions under threat of withdrawal of licence. The premises were thoroughly cleansed and put in order in a very short time. A case of cat 'flu and infestation by cat fleas was also dealt with quickly and effectively.

The only Boarding Establishment for animals in the district was officially closed during the year. Mr. White's activities were transferred to a site at Forest Hill in the adjoining area of Bullingdon R.D.C. It was possible to extend his occupation of the buildings temporarily during the holiday season because of pressure on the limited accommodation available in the Oxford area.

The Greyhound Track kennels at Cowley continue to be satisfactorily operated and there was no cause for concern during the year in that regard.

The Sanctuary Society, although not possessing premises within the City, are very active in the use of premises outside the City and have stimulated considerable interest in the caring for animals without proper homes. Society members and animal lovers arrange for temporary housing of animals preparatory to final settlement.

(ix) Factories and Workplaces

There were 37 (48) persons notified as outworkers under the provisions of the Factories Act and these are mainly concerned with toy making, dress-making and tailoring alteration work. Premises involved were visited but in no case was there any cause for other action. 109 (142) inspections of factory premises were carried out during the year and 3 written notices were served. Few factories remain for full inspection by the Local Authority Inspectors as power operation is generally the rule now in most undertakings. It is hoped to overhaul the Factory Register during 1970 in collaboration with the District Inspector of Factories. The appropriate tables are set out below.

Outworkers (Sections 133/134)

Nature of Work	Section 133	Section 134
	Number of Outworkers Notified	Number of Contraventions
Wearing Apparel Making, etc.	34	Nil
Stuffed Toys	3	Nil
Textile Weaving	—	Nil
Jewellery	—	Nil

Inspection of Factories and Workplaces

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	9	6	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	340	89	3	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	11	14	—	—
Total	360	109	3	—

Defects found in Factories

Particulars	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S.I.) ..	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	1	—	1	—
(b) Unsuitable or defective	—	4	—	4	—
(c) Not separate for sexes	—	—	—	—	—
Other offences (not including offences relating to Home-work)	—	—	—	—	—
Total	—	5	—	5	—

(x) Offices, Shops and Railway Premises Act, 1963

There were on the Register at the end of the year 1,755 (1,736) premises and the total number of visits of all kinds made was 831 (619), the number of general inspections carried out by staff being 186 (101). Deletions from the Register numbered 39 with 58 new premises added to the Register. 47 (46) incidents were reported but none of them proved serious. As a matter of routine all were followed up, although little evidence of any major importance was found in connection with the enquiries. 37 of the 47 incidents occurred in retail shops and informal advice was given in 6 cases, there being no action called for in relation to the remainder. An analysis of the reported accidents is given as follows:—

	Offices	Retail shops	Wholesale warehouses	Catering establishments open to public canteens	Fuel storage depots
Machinery	—	—	—	—	—
Transport	—	—	—	—	—
Falls of persons	2	15	1	1	—
Stepping on or striking against object or person	1	1	2	1	—
Handling goods	—	6	—	—	—
Struck by falling object ..	1	3	1	—	—
Fires and explosions ..	—	—	—	—	—
Electricity	—	—	—	—	—
Use of hand tools ..	—	11	—	—	—
Not otherwise specified ..	—	1	—	—	—

(A) Registrations and General Inspections

Class of Premises	Number of premises registered during the year	Number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices	22	690	35
Retail Shops	24	868	137
Wholesale Shops, Warehouses	3	46	1
Catering establishment open to the public, canteens	9	146	12
Fuel storage depots	—	5	1
Totals	58	1,755	186

TOTAL NUMBER OF VISITS OF ALL KINDS BY INSPECTORS TO REGISTERED PREMISES UNDER THE ACT—831

Contraventions in respect of		Found
Sec. 4	Cleanliness	25
Sec. 5	Overcrowding	Nil
Sec. 6	Temperature	13
Sec. 7	Ventilation	7
Sec. 8	Lighting	5
Sec. 9	Sanitary Conveniences	6
Sec. 10	Washing facilities	9
Sec. 11	Supply of drinking water	Nil
Sec. 12	Accommodation for clothing	3

Contraventions in respect of		Found
Sec. 13	Sitting facilities	1
Sec. 14	Seats for sedentary workers	Nil
Sec. 15	Eating facilities	Nil
Sec. 16	Floors, passages, stairs	9
Sec. 17	Fencing of exposed parts of machinery	Nil
Sec. 18	Protection of young persons from dangerous machinery	Nil
Sec. 19	Training of persons working at dangerous machinery	Nil
Sec. 23	Prohibition of heavy work	Nil
Sec. 24	First Aid—general provisions	18
Sec. 50	Abstract of Act	2
	Total	98

(C) Exemptions—Nil.

(D) Prosecutions—Nil.

Number of complaints (or summary applications) made under section 22—Nil.

Number of interim orders granted—Nil.

(E) Inspectors

1. Number of inspectors appointed under Section 52(1) of the Act—11.
2. Number of other staff employed for most of their time on work in connection with the Act—Nil.

(F) Reported Accidents

Workplace	Number reported		Total Number Investigated	Action recommended			
	Fatal	Non-Fatal		Prosecution	Formal Warning	Informal Action	No Action
Offices	—	4	4	—	—	1	3
Retail Shops	—	37	37	—	—	4	33
Wholesale Shops, Warehouses	—	4	4	—	—	—	4
Catering establishments open to public, canteens	—	2	2	—	—	1	1
Fuel storage depots	—	—	—	—	—	—	—
Totals	—	47	47	—	—	6	41

Once again there was history of falls, there being 19 (16) by persons working in retail shops. 6 (11) injuries resulted from the handling of goods, and 11 (9) in connection with butchers and cutters where the handling of knives and cutting tools was a principle activity. 15% (9%) of the accidents were associated with staircases and 24% (22%) with cutting or chopping activities. 30% (22%) were caused by slipping on surfaces of one kind or another and 13% (16%) by lifting or loading of goods. 10% (9%) were due to falling materials or spillages and 8% (22%) were other accidents of minor significance.

As will be noted in the official table, 25 (28) contraventions were in respect of lack of cleanliness with 18 (17) faults in first-aid provision and 13 (19) because of unsatisfactory temperature. 9 (10) concerned washing facilities and 9 (16) defective floors, passages and stairs. Ventilation problems numbered 7 (4), 6 (8) related to sanitary conveniences and 3 to lack of accommodation for clothing. There were no outstanding problems during a year which proved quiet in this context.

(xi) Pest Extermination

Mr. Williamson as usual presented his facts for the Report very early in the year and revealed an excellent year's work, despite an increase in complaints from 1,270 to 1,995 in the year under review, involving rat complaints—488 (441), and mice infestations—229 (217). There were no major infestations found and the usual precautionary treatment was taken in connection with the closing of Piggeries and other premises where rat infestations might be expected. 5 (4) formal Agreements for treatment were completed during the year, bringing the total to 27 (23) with an annual income of £662 10s. 0d. (489). Some difficulty was created by an increase of charges from 15/– to 21/– per vehicle/man hour and it was not easy to proceed from the lower to the higher charges without re-assessment of Agreements, although the majority proved adequate in amount—at least for the time being. There was considerable increase in activity in connection with Hospital premises. Developments in the Hospital service involving extension of premises and even extra buildings meant further attention to the Agreement System which, although normally based on rat and mice clearance, involves more control of insect infestation such as Pharoah's Ants and Cockroaches.

It was again a busy year in connection with wasp complaints, which increased considerably during the summer, reaching 613 (213). Bed bug infestations were similar in number to last year (16) but there were 59 (45) infestations with animal fleas. One disturbing problem arose in connection with one of our Department's Old People's Homes (Longlands)—a new premises and beautifully furnished. Evidence of live bed bugs was reported in a bedroom. Investigation proved their presence in several bedrooms in close proximity to each other. The source was traced to personal belongings of an elderly inmate who had been admitted

from a town house later found in a dirty and bug-ridden condition. Despite prompt action, it was eventually necessary to close a section of the Home and thoroughly fumigate it because of the considerable spread of minor infestation. It was some time before the personal goods of the lady concerned could be dealt with. The whole affair proved expensive in time, labour and materials, which might have been avoided. Such action is, of course, not always easy.

The Health Committee decided towards the end of the year to introduce an ad-hoc charge of 10/– per case where wasp nests are required to be dealt with, although exemption will be granted to old age pensioners, etc. There was considerable rise in the number of complaints regarding insect infestations, involving garden ants, Pharoah's ants and cockroaches. An interesting circumstance regarding cockroach infestation followed a request for treatment at the University Zoology Department because a change of buildings in use was envisaged. Huts used for insect breeding on the roof of a Department building were known to be very heavily infested with cockroaches in all stages of development, the insects having been encouraged to establish in the huts over several years. A quick clearance of the prevailing infestation was required without the use of residual insecticide (which might have led to losses of other valuable insects housed in cages in the huts). Treatment by means of a jet sprayer containing Pybuthrin solution was carried out and flushing out of insects was exceptional—beetles in all stages of development rapidly emerging—causing quite a hiatus as hordes of insects fell from roof and wall spaces into the clothing of operators. The treatment proved most successful with clearance eventually effected, although not without a certain amount of embarrassment to operators at the time.

An interesting trial was also carried out with two new insecticide compounds being tested commercially before release. The insecticides concerned were most effective and their further general use is anticipated with hope of good results. Some large mouse infestations showed evidence of Warfarin resistance and treatment by Alphachloralose or Zinc Phosphide was used at times to effect positive results. There seems a need for anticipation of rodent infestations in houses and premises left empty in connection with clearance or demolition schemes or in new building developments (like those at present in operation in the central areas). Broken drains, unused W.C. and gully connections and the like continue to be a source of emergence for sewer rats, notwithstanding successful attention to regular sewer baiting. It therefore behoves all concerned with building site operations to ensure the effective sealing of all drain openings while work is in operation, with new connections made speedily and properly in order to prevent possibility of surface infestations.

Infestations by Pharoah's ants at the Hospitals continue to cause concern for speedy and effective treatment is needed, particularly when Laundries or Operating Theatres are affected. Feral pigeon problems

remain with us but all attempts to reduce pigeon population are fraught with difficulties for hordes of pigeons nesting around the City environs are only too ready and willing to take the place of those falling foul of our trapping system in the City centre and particularly where food abounds and shelter is available. 372 pigeons were caught by trapping, etc., and 26 eggs destroyed, but this is far far short of a successful clearance rate for not hundreds but thousands of pigeons require exterminating quickly if we are to improve on the present situation. Other pests notified during the year involved several foxes, moles, grey squirrels and bats.

Fairly effective sewer treatment, with the co-operation of the City Engineer's staff, continued throughout the year. A total of 846 manholes were treated with results showing 64 complete and 52 partial takes. Treatment extended throughout the year, taking place in January, February, May, July and October, covering the full City area. Although the total number of manholes treated was 200 less than in 1968, the number of complete poison takes proved greater with partial takes more than double those found in the previous year. This suggests increased rat activity but it was mainly confined to the central areas and may well be allied to redevelopment work which is quite considerable at present. This emphasises the need to take care in opening of sewers and drains without proper precautions against entry or emergence of rats.

Prevention of Damage by Pests Act, 1949

Report for Year ended 31st December, 1969

		Type of Property	
	Properties other than Sewers	*Non-Agricultural*	*Agricultural*
1.	Number of properties in district ..	39,681	17
2.	(*a*) Total number of properties (including nearby premises) inspected following notification	1,045	1
	(*b*) Number infested by		
	(i) Rats	465	1
	(ii) Mice	221	—
	(iii) Nil found	—	—
3.	(*a*) Total number of properties inspected for rats and/or mice for reasons other than notification	15,896	—
	(*b*) Number infested by		
	(i) Rats	33	—
	(ii) Mice	9	—
Sewers—			
4.	Were any sewers infested by rats during the year?		Yes

Rat Infested Sewers

Combined test treatments were carried out during the year as follows:-

1969		Manholes		Poison takes	
		Pre-baited	Poisoned	Complete	Partial
Jan./Feb.	Central area, St. Ebbe's and Jericho	148	37	14	1
February	Headington and Marston ..	70	20	5	3
May	Central area, St. Ebbe's and Jericho	—	122	15	36
May	North Oxford and Wolvercote	84	10	not recorded	not recorded
July	East Oxford	50	11	3	7
July	Headington (Part)	25	1	1	—
October	Central area, St. Ebbe's and Jericho	—	184	23	3
October	South Oxford	78	6	3	2
		455	391	64	52
		846			

Total number of poison baits not recorded = 10.

Approximately 200 fewer manholes than were baited in 1968, when the recorded figures show 1,045 manholes baited, 155 manholes poison baited and poison takes of 54 complete and 22 partial.

This shows an increase in rat activity during the year but it is noted to be largely in the central areas where considerable redevelopment is taking place.

Our knowledge of the sewer system over the past three years has enabled us to concentrate on and blitz blackspot areas. We feel the rat population in sewers by the end of October was very much under control.

Visits by Operatives in connection with Rodent Extermination

		Totals
Local Government Premises		
1st visits	36	
Re-visits	90	126
Dwelling-houses		
1st visits	541	
Re-visits	1,392	1,933
Business Premises		
1st visits	106	
Re-visits	291	397
University Premises		
1st visits	33	
Re-visits	97	130
		2,586
Poison		
Baits laid	7,482	

Once again it is a pleasure to express thanks to those who have co-operated with us in pest control work, including the City Engineer and the Drainage Section staff, and Miss Neve of the Ministry of Agriculture, Fisheries and Food (Technical Department) who has been an active representative. Once again Professor Varley and his staff at the University Hope Department of Entomology have been most helpful and always ready to advise.

(xii) Air Pollution Control

Smoke Control work throughout the City proceeded steadily in the capable hands of Senior Inspector J. Mullard and Technical Assistant A. Wirdnam. Two Orders became operative on 1st December, 1969 (nos. 8 and 9). No. 8 involved an area on the eastern side of the Abingdon Road, including Weirs Lane council estate, and crossed the boundary of the river to the east to affect part of Iffley Road. This anticlockwise progress will, it is hoped, eventually cover the whole of east Oxford and Cowley before joining up with the central area, and so control a considerable part of the lower level City housing development. The Order affects some 583 private and 140 Local Authority dwellings, 1 industrial, 6 commercial and 14 other premises over a total of 274 acres. Smoke Control Order No. 9, on the other hand, completed effective control over the central St. Ebbe's area, which had been largely cleared for redevelopment. Opportunity has now been taken to control this area comprising some 57 acres involving 26 private and 107 Council houses and flats, 2 industrial, 18 commercial and 15 other premises. The total acreage now brought under Smoke Control in the City is 2,036, the number of premises being 7,795. Progress has not by any means been rapid, for a City like ours should have been completely smoke controlled before the early 1970's. However, it is interesting to note that the proportionate Sample Housing Survey recently completed and involving 1 in 33 of the rated dwellings in the City shows approximately two-thirds as being smokeless and less than one-third still using smokey fuel. This encourages the Department to press on still further with perhaps larger Smoke Control Areas in the light of the findings that City dwellers are interested enough in Smoke Control to anticipate official Orders and proceed on their own initiative without grant aid.

Mainly due to the large increase in conversion to approved open fires in some Council houses and by old age pensioners, the cost of conversion in the Smoke Control Orders this year proved surprisingly lower than in 1968, with the average at £23 7s. 2d. against nearly £25 0s. 0d. the previous year. 340 conversions in No. 8 Area involved grant aid of £5,558 10s. 11d., while only 12 conversions in No. 9 Area amounted to £186 2s. 5d. because the area is mainly cleared of dwellinghouses by slum clearance and redevelopment procedure. Solid fuel appliance provision reached 61.5% (open fires 51.3% and closed stoves 10.2%). Gas appliances amounted to 30% and electricity 8.5%, consisting of radiant fires 5.8%

and storage heaters 2.7%. Solid fuel appliances still remain high in the choice of householders, notwithstanding that this area is somewhat distant from coal producing districts and the cost per ton is high in comparison with many other areas more favourably placed. Solid fuel supplies have, on the whole, been satisfactory although coke supplies are entering a difficult phase.

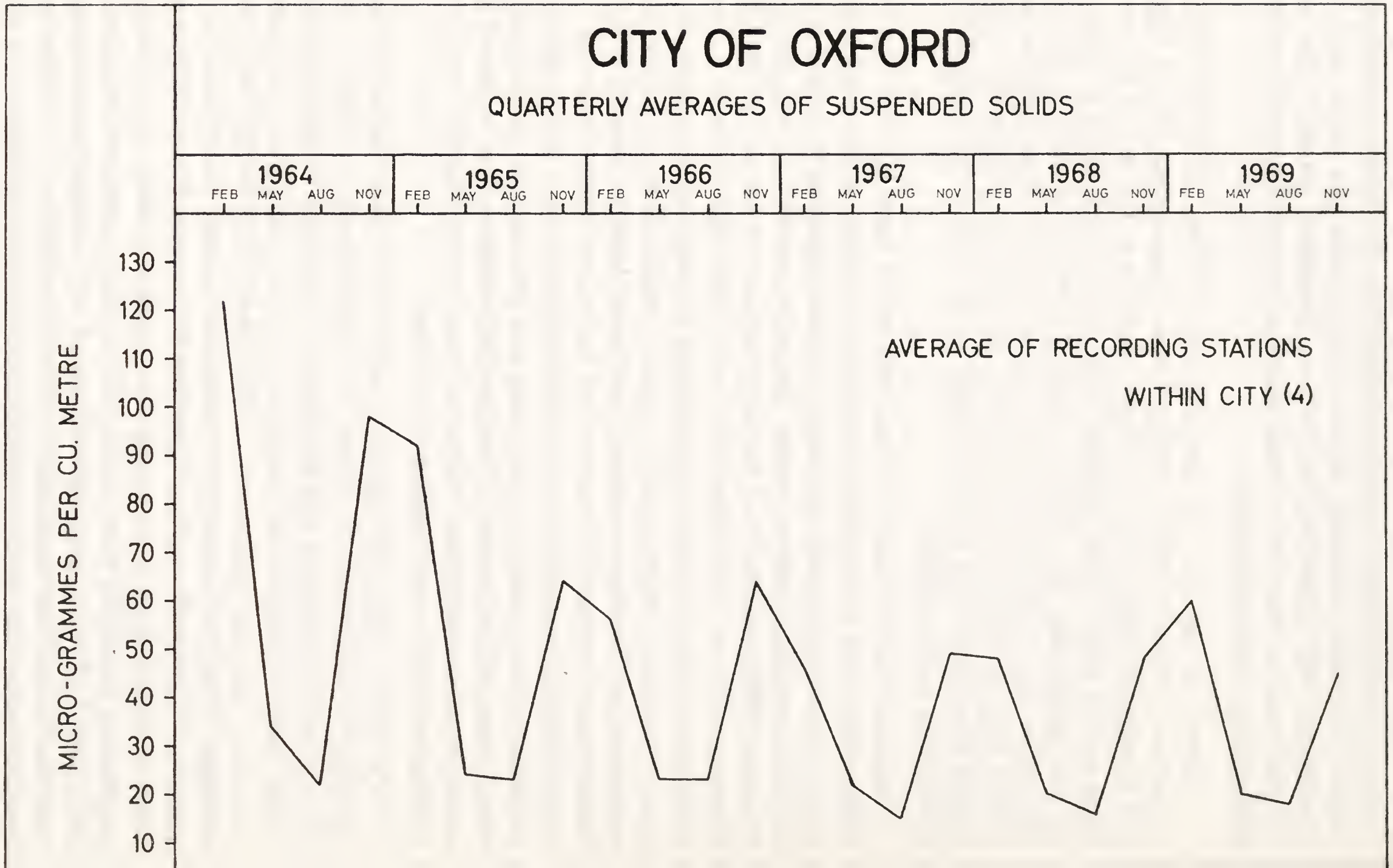
Survey for the No. 10 Smoke Control Order, which will affect properties on the Donnington Bridge Estate, the so-called "White City" and Cowley St. John areas, was almost complete at the end of the year. Once more a postal survey has been relied upon and it seems as efficient as that during last year, which achieved a 90% plus return. All fuel Merchants are circulated with new Smoke Control Area information with a map provided for the Secretary of the local Federation, while several merchants bring their own maps to the office to be marked and coloured in as appropriate.

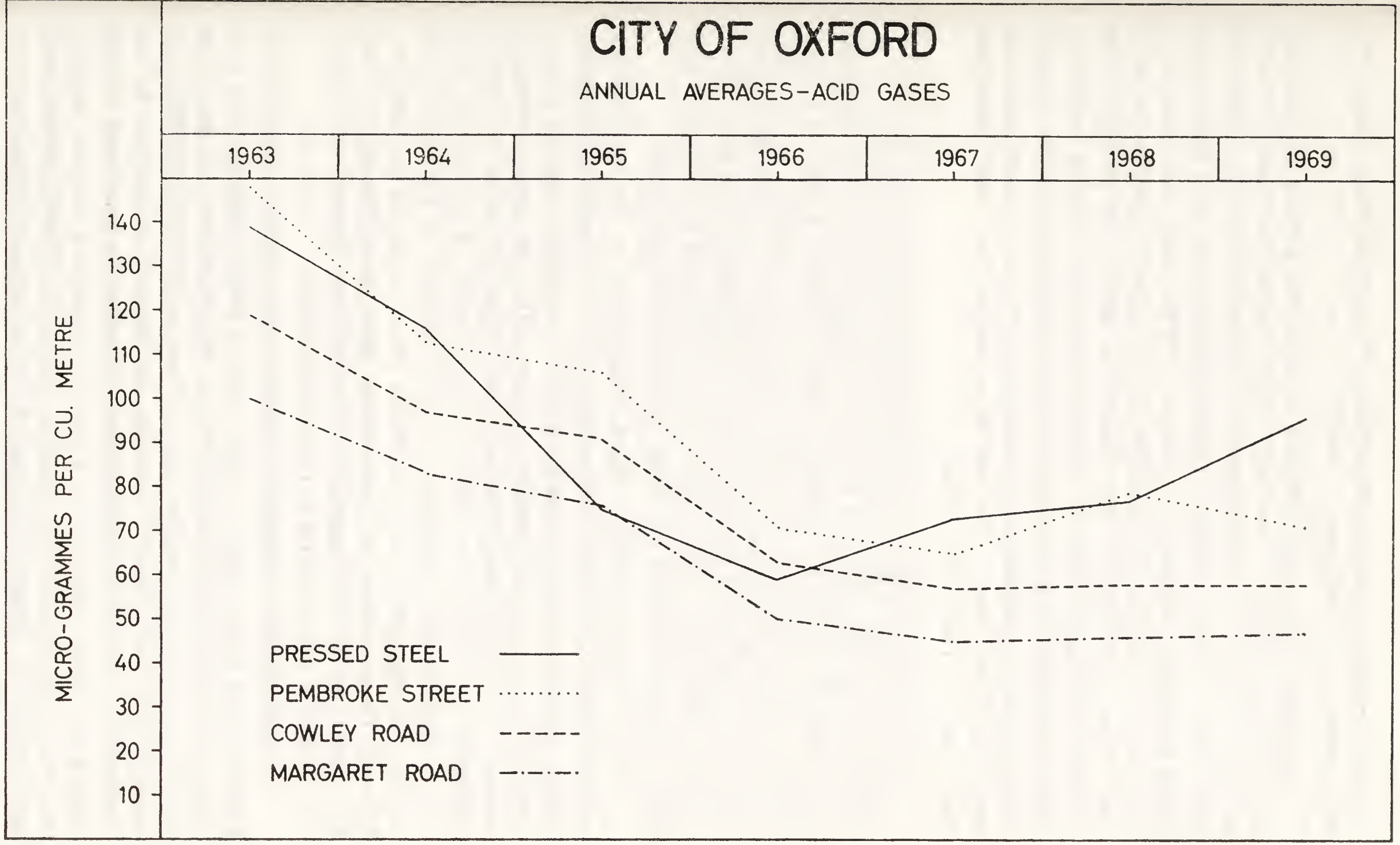
Section 6 of the Clean Air Act, 1968, which came into force on 1st April, 1969, deals with applications regarding heights of proposed chimneys. 32 such applications were dealt with and agreements reached with Architects and Engineers concerned after prior consultation with the City Planning Officer and the Chief Building Inspector on the staff of the City Engineer. Prior to the coming into force of this Section, some 8 other applications were dealt with in an informal but satisfactory manner. It is usual to include, where possible, certain qualifications regarding any emissions from the flues concerned. Individual domestic oil-fired boilers, drawing their supplies from communal tanks, are being used to an increasing degree on new housing estates. Such tanks give rise at times to nuisance from oil smell from the vents and there is also evidence from time to time of fume nuisance from installations where flues terminate at, or slightly above, eaves level. Advice is given wherever possible regarding satisfactory position and height for such flues.

Of the 41 complaints regarding smoke and fumes received during the year, no less than 22 related to domestic bonfires. There is still far too much carelessness and inattention to the detail of burning refuse where such is unavoidable, particularly by over-enthusiastic gardeners and those who are constrained to burn their refuse within their own curtilage. While the burning of dry refuse with ample draught and flame produces little smoke and can therefore be condoned as less likely to cause nuisance, there is no excuse for attempts to burn piles of damp garden and household refuse which will inevitably smother a neighbourhood with foul smelling smoke and vapour, so interfering unnecessarily with the normal and reasonable comfort of neighbours. Do those responsible realise that such low temperature foul smelling effluent is a real hazard to health, for, indeed, it may, and apparently often does, contain undesirable amounts of benz-pyrene, the carcinogenic substance commonly associated with the risks of cigarette smoking. It has been identified

CITY OF OXFORD

QUARTERLY AVERAGES OF SUSPENDED SOLIDS




CITY OF OXFORD
ANNUAL AVERAGES-ACID GASES
1963
1964
1965
1966
1967
1968
1969
MICRO-GRAMMES PER CU. METRE
140
130
120
110
100
90
80
70
60
50
40
30
20
10
PRESSED STEEL
PEMBROKE STREET
COWLEY ROAD
MARGARET ROAD

in bonfire smoke and those responsible for its production should feel real concern about its danger to health.

Additional boiler plant provided at one of the Cowley car factories during the year called for two much higher stacks than those formerly provided—a measure of the improved standard now possible under the latest Clean Air Act provisions. Certain troubles have been experienced during temperature inversion conditions with the lower stacks and it is a pity that increased height cannot be insisted upon in regard to the older plant. Fume from lorry and car exhausts on starting up, particularly in or near large garages adjoining residential property is causing complaint and conditions can be quite nauseating for a comparatively short time. It is a matter for concern and needs attention if we are to secure improved amenity for those forced to live near large garages, busy main roads and other sources of foul exhaust effluent.

An interesting incident occurred during the year at the City Central Telephone Exchange where staff suffered for a while from fumes said to be related to the charging up of a new set of large batteries in the basement of the building. The fumes entered the main Exchange Room via a leaky duct and open windows immediately above the basement. For a short time the Exchange entrance hall was reminiscent of a war-time casualty exercise but after simple treatment and rest the affected staff were able to resume normal duties. The incident reflected the need for particular care when dangerous materials are being handled in restricted space.

Work continues at Manor Road, Headington, on the new teaching hospital complex, which last year was the source of considerable comment because of a proposed flue (some 170/180 ft. in height) required in connection with heavy oil fuel burning equipment. The City Council objection succeeded in securing gas as the major fuel source with stand-by light oil equipment for bridging any period of interruption of gas supply. Now it is understood that incineration will be included in the Boilerhouse activities, having one of the cores of the flue as an outlet for the plant. Although the suggestion has been viewed with concern, the height of the flue agreed should be adequate for the satisfactory disposal of products of combustion without harm to the neighbourhood.

Average figures of suspended solids and acid gas effluent shown on the accompanying charts reflect a slight upward trend, although still at a comparatively low level. It is clear that the major influence has been from the Cowley industrial complex where a large concentration of heavy oil burning plant contributes a considerable amount of sulphur to the atmosphere. Nevertheless achievements generally are good and average reading well below many other areas of comparative size and activity. Incineration is still receiving considerable attention from many industrial and commercial interests because of refuse disposal difficulties. One cannot look forward with any degree of enthusiasm to a forest of small incinerator flues with a potential for pouring out fumes and solid particles,

although modern methods of incineration go a long way towards minimising such effluent. Constant vigilance is necessary to ensure freedom of the air of our towns and Cities from undesirable pollution. The National Society for Clean Air are collaborating with the Ministry of Technology in collecting national information about fuel and odour problems from industrial, etc., premises. Some concerted action may well result in connection with problems associated with industrial processes (including paint used in car factories, stove enamelling plant, etc.). This could be of particular significance to the Oxford Motor Car complex.

There is still no sign of the modern Coal Depot north of the Oxford Station originally planned several years ago. Whether anything will come of the suggested project in the next year or two is a matter for considerable conjecture!

Dry Cleaning

Dry cleaning still continues to provoke interest and concern regarding possible nuisance and even potential health hazard from fume dispersal problems. Since our incidents involving dry cleaning premises, careful inspection has been given to all plant operating in the City and suggestions for installation keenly scrutinised so that proper precautions can be secured at the outset. Fume escape into built-up areas or premises and noise nuisances associated with appliances, particularly ventilation fans, are matters for careful consideration. A draft Code of Practice was drawn up by the Association of Public Health Inspectors and discussed with representatives of the trade and the Home Office Department. The Home Office are now issuing a code of practice dealing with most of the problems covered by our Association draft, and any points not covered by the Home Office code will be dealt with by practice notes to be issued by the Association for the guidance of Public Health Inspectors.

Dry Cleaning Operation in the City

Premises having washing machines with driers and coin-operated dry cleaning machines	9
Premises having washing machines and driers only without dry cleaning	9
Premises having dry cleaning machines (coin-operated) without attendants	3
Large dry cleaning appliances in premises with attendants ..	14
Receiving shops only	17

Close collaboration continues between Planning and Public Health Officers in connection with applications received.

(xiii) Noise Nuisances

53 noise nuisances were the subject of complaint during the year, compared with 35 the previous year. 13 were associated with industrial noises and 13 with noises from adjoining dwellinghouses giving rise to

complaints by neighbours. 9 concerned the keeping of dogs and one the keeping of cockerels. Building operations, etc., were responsible for 5 complaints, and Clubs and Public Houses for 11. Railway operations north of the Oxford Station caused some nuisance for a while but was soon abated. We have achieved considerable success against noises caused by building operations, contractors generally being required to provide road drill mufflers and, wherever possible, screened compressors. Considering the increasing amount of redevelopment work now going on within the City, the number of complaints remains small. The public have perhaps endured more than seems obvious without complaining and Contractors are now required, when working for the City, to take adequate steps to avoid nuisance.

Three references were made during the year to the long standing complaint about Lucy's Eagle Iron Foundry boiler system but very little further noise has been noted from this source of recent months. The most persistent cause for trouble was one particular club concerning which there were six complaints. The members are doing their best to cope with the situation, but there is always a certain amount of apprehension on special occasions.

There were a number of complaints regarding dog barking but no need for statutory action in any case. There is greater awareness nowadays of excessive noise and little doubt that excessive noise near dwellinghouses, and particularly at night with low background noise levels, provokes complaint. There is, of course, a greater likelihood of noise being created from multi-occupied premises—a circumstance which is much more common nowadays. Usually one or two visits suffice to make the persons concerned aware of their responsibilities.

Our Noise Level Meter continued to give useful service as a guide to conditions. There was no need to call for services of any Consultants during the year for staff coped well with the problems which occurred.

(xiv) Radiation Hazards

There was no increase in the overall registrations (i.e. 39) during the year relating to the storage and use of radioactive material. 30 premises were, as before, registered under Section 6 of the Radioactive Substances Act, 1960, and Mr. R. Oliver, M.A., M.Sc., the Radiation Protection Officer for City and University, continued to be responsible for the general arrangements. Disposal amounts continue to be well below the maxima authorised and there were no emergency calls during the year. Emergency precautionary measures are set out in a brochure issued by the Chief Constable of the area and amendments will be made from time to time as circumstances alter.

(xv) Swimming Baths and Bathing Facilities.

Some 24 bacteriological samples were taken from the various pools, mainly at schools in the City, and staff in charge were kept advised during

routine visits on the condition of the water, mainly about Chlorine dosage. General conditions were satisfactory throughout the year. The River bathing places are subject to vagaries of weather and conditions on the River banks and in this connection it is noted that Dames Delight—a partially enclosed River bathing place for female members of the University —has now been closed because of its unsatisfactory condition. Additional school pools are now to be added to our list, viz. St. Josephs and St. Philip and St. James Schools. The Wychwood School use the Rhia Island site on the River Cherwell, while the Dragon School also use this river for school bathing. School pools—Wood Farm (2); New Marston; Headington Girls'; Milham Ford; Cutteslowe; Summerfield; Oxford High School for Girls; Rose Hill; St. James' C. of E.; Beauchamp Lane; Blackbird Leys; Bartholomew Road, Church Cowley; Bishop Kirk C. of E.; St. Mary and St. John; St. Edward's (2); Wolvercote; St. Andrew's C. of E.; St. Joseph's; St. Philip and St. James. River Bathing Places—St. Clement's; Long Bridges; Tumbling Bay; Wolvercote; Parsons' Pleasure; Lady Margaret Hall. Public Bathing Places—Temple Cowley covered swimming pool; Hinksey Pools (open air).

(xvi) Water Supply

The report of the Engineer to the Oxfordshire and District Water Board, Mr. G. W. Fuller, B.Sc., M.I.C.E., A.M.I.W.E., is given herewith.

During the year the supply to consumers was adequate in the City and no restrictions had to be imposed. There were, however, certain limited failures in supply in the Board area as a whole necessitating restrictions.

The total quantity of water treated at Swinford and Farmoor Source Works, which supply the Oxford City system, during 1969 was 4,179,734,000 gallons, an increase of 255,477,000 gallons over the quantities treated in 1968.

After deducting meter supplies the average consumption per head per day was 31.9 gallons.

The quality of the water was satisfactory.

Bacteriological Examinations

Samples of water from the River Thames were taken each month together with samples after settlement, after filtration, and of the final water leaving the source works. Samples have also been taken of the quality of water held in Farmoor Reservoir.

Examination of these samples by the Public Health Laboratory gave the following range of probable number of coliform bacilli (2 days at 37°C) per 100 ml:—

River Water Samples	90–180,000
Settled Water Samples	0–0
Filtered Water Samples	0–7
Final Water Samples	0–0

Bacteriological samples were taken at least weekly from each of the various service reservoirs and from consumers' taps throughout the area of supply with the following results:—

Place of Sampling	Total No. of samples taken	Results		Satisfactory samples as percentage of total number of samples taken
		Satisfactory	Unsatisfactory	
Beacon Hill Reservoir ..	50	49	1	98%
Headington ,, ..	54	50	4	92.59
Shotover ,, ..	53	53	—	100
Boars Hill ,, ..	50	50	—	100
Brasenose ,, ..	53	53	—	100
Wootton ,, ..	52	51	1	98.07
Consumers' Taps ..	73	71	2	97.2
Totals	385	377	8	97.92

Except for two of the unsatisfactory samples the organisms causing them were of non-faecal type.

During the year the comprehensive system of sampling in accordance with the modern recommendations has been in operation for the whole of the Board's area.

Chemical Analyses

Swinford—Year ending December 1969

	Raw Thames Water		Treated Water	
	Maximum	Minimum	Maximum	Minimum
Physical Characteristics				
Turbidity (Jackson Turbidity Units)	100	3.7	1.5	0
Colour (Hazen)	63	2	10	0
pH	8.3	7.8	8.0	7.3
Electrical Conductivity (micromhos at 20°C)	680	490	690	520
Chemical Characteristics (milligrammes per litre)				
Total solids dried at 180°C ..	480	345	485	365
Chlorides as Cl	40	17	42	24
Total oxydized nitrogen as N ..	9.5	4.0	9.5	3.8
Free and saline ammonia as NH_3	0.9	0.01	0.89	0.01
Albuminoid ammonia as NH_3 ..	0.85	0.14	0.30	0.08
Oxygen absorbed: 4 hrs. at 27°C	8.6	0.9	3.5	0.5
Total alkalinity as $CaCO_3$ ..	247	130	224	145
Permanent hardness as $CaCO_3$ ..	156	68	187	85
Temporary hardness as $CaCO_3$ ..	247	130	227	145
Total hardness as $CaCO_3$ ..	354	198	358	258
Free carbon dioxide as CO_2 ..	10	Nil	23	4
Total residual chlorine as Cl ..	—	—	0.94	0.10
Free residual chlorine as Cl ..	—	—	0.70	Nil
Monochloramine as Cl	—	—	0.46	0.02
Dichloramine as Cl	—	—	0.30	0.04
Phosphate as PO_4	0.9	Nil	0.35	Nil
Silicate as SiO_2	12	Nil	10	Nil
Lead as Pb	—	—	Nil	Nil
Copper as Cu	0.02	Nil	Nil	Nil
Fluoride as F	—	—	0.16	Nil
Detergent as Manoxol o.t. ..	—	—	0.05	0.03

The number of dwellinghouses in the City is 31,674, all of which are directly supplied.

In addition there are three caravans supplied by standpipes.

(xvii) Sewerage and Sewage Disposal

The extension works mentioned in last year's Report have now been completed and have increased the capacity of the plant to some 10 million gallons per day (twice the original dry weather flow). The works had become considerably overloaded, having to cope with well over 7 million gallons per day because of increased housing development, expansion of industry and Hospital and University extensions, with a constantly increasing use of water—now in the region of 60 gallons daily per head. The Thames Conservancy Board require a much higher standard of final effluent to ensure that the quality of the River Thames water is not unduly impaired. Primary settlement, aeration plant, final settlement and sludge treatment plant have all been augmented, improved or replaced and the original method of drying out sludge with digestion for production of gas for power has now been superseded so that digested sludge is passed through rotary vacuum filters for conditioning and filtration, being partly disposed of on the City 500 acre farm adjoining the Sewage Works. Tankers are used to convey the remaining semi-liquid sludge to farms around the City where it is proving to be a valuable soil conditioner and fertiliser. A ring mains supply replaces fuel engines and the engine room is now utilised to hold a central control console.

Extraction of solid matter achieves over 11 tons per day, having over 99% removal of impurities. Some 57,300 gallons in all of liquid sludge and 16 tons of dry solid matter are handled daily. 50% of the sludge is in semi-liquid form which is, as mentioned above, delivered to farms within a 13 mile radius. The sale of produce from the City farm achieves about £3,000 per annum and charges for trade and industrial waste reception treatment under the Public Health (Drainage and Trade Premises) Act amount to some £40,000 per annum. There is still concern and apprehension about the possibility of quantities of chlorinated hydro-carbons finding their way into the sewage for its influence is considerable and seriously interferes with the sludge process. Final effluent is now passed through a Purmutit rapid gravity sand filter and the final effluent is achieving the standard required.

Gratitude is expressed to Mr Copeland and Mr Lewin, the Sewage Works Chemist/Manager, of the City Engineer's Department for their co-operation and assistance throughout the year.

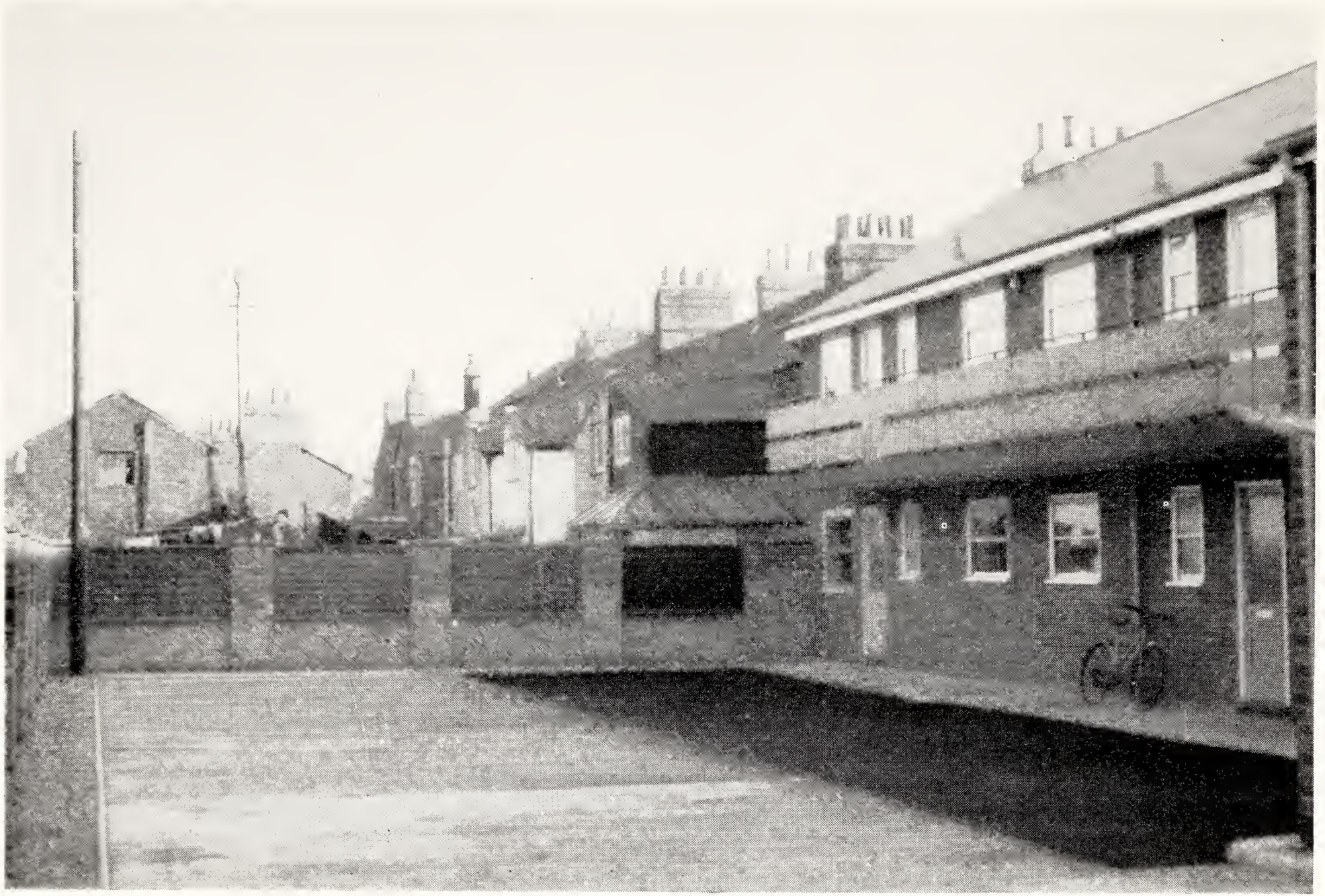
(B) HOUSING CONDITIONS

The Housing Act, 1969, received the Royal assent on 25th July and came into operation in August. Its main intention is to stimulate the improvement of houses in areas and also of individual houses by the provision of modern amenities. In general Improvement Areas efforts are

to include improved car parking facilities, play spaces for children, better street furniture, improved street design and general uplift of areas lacking satisfactory amenity. In addition, improvement of the many multi-occupied houses in built-up areas is envisaged, with emphasis on provision of hot and cold water supplies, adequate W.C. accommodation, bathroom and washing facilities. Opportunity has been taken in the Act to make provision for the repair of houses which are not bad enough to warrant penal action. This power enables the Local Authority to require fully under the Housing Act the general repair of property without having to rely upon the provisions of the Public Health Acts or nuisance abatement powers to secure certain types of repairs needed. Close collaboration will be essential between Public Health and other Inspectors involved in Improvement Grant work such as Building Inspectors, Planners, Engineers, etc. Working Parties of officers will be required to examine the local situation wherever Improvement Areas are envisaged and produce reports for consideration by the appropriate Committee for implementation as felt desirable. It seems fairly clear that there is urgency about the need to recover many of the houses already slipping down the slope of deterioration and decay and from what appears evident in many recent Annual Reports, at least double and perhaps treble present efforts will be needed to ensure treatment of houses desperately in need of attention. If the $4\frac{1}{2}$ million houses concerned throughout the country are to be dealt with before the end of the present century, such speed up of treatment is essential. This responsibility will require further staff or arrangements to ensure the fullest possible use of such staff as are available.

The Housing Committee have decided that the Chief Building Inspector and the Improvement Grants Officer on the City Engineer's staff should continue to be mainly responsible for the operation of the Improvement Grants organisation. The Health Department continues to be responsible for penal housing action and decisions on unfitness. It has therefore been necessary to arrange close liaison with the Improvement Grants Officer in connection with Qualification Certificates so that proper regard shall be given to circumstances of disrepair as well as improvement when Certificates become an issue. In so far as Improvement Grant work generally is concerned, advice regarding unfitness is available as necessary and the Senior Housing Inspector and the Improvement Grants Officer work closely and harmoniously together.

The Jericho scheme ran into difficulties mainly because of finance caused by the steeply rising prices required for purchasing unfit property, particularly where owner-occupied. The Housing Committee have been most anxious to ensure close collaboration with the inhabitants of Jericho to keep them fully informed of the action required by the City Council to deal with the problems as found. Naturally, with the cessation last year of Compulsory Purchase and Clearance Order action by decision of the City Council, there has been a slowing down of progress allied to an increase in time spent in discussion and general negotiation. Private enterprise has



JERICHO REHABILITATION
INFILLING AND COURTYARD WITH CAR STANDINGS

been encouraged to press on with their activity and so far they have achieved considerable progress. One infill involving seven houses has been completed successfully, having car stands in a rear court, while a number of houses in other parts of Jericho have been improved and repaired to good standard. They are fetching good prices in the open market or, where tenanted, good rentals for those concerned. Building Societies have not yet opened their coffers to any great extent in respect of loans, being uneasy about financial implications and the time factor in respect of the life of the completed area. Loop road proposals to improve traffic have so far not been wholly accepted by Council, but alternative proposals are in preparation. Playground improvement has commenced, although there have been early signs of deliberate damage by young vandals—a matter of some concern when trying to improve areas for youth activities. Some 50 dwellings have so far been purchased by the Council at prices ranging from as low as £50 to £2,750. Most of the prices in excess of £1,200–£1,400 were recorded during the latter months of the year and are still being reached.

A fair number of houses have already been renovated by the City Council at a not inconsiderable cost for reoccupation on a rental basis. Some properties, where appropriate, have been demolished to secure improvement in area amenity or where infilling is proposed. The whole improvement scheme is proceeding block by block, although it is unfortunate that complete treatment of each block is not attained before moving on to the next. Such would have been the ideal for progressive general rehabilitation but there is need to proceed as quickly as possible through all blocks so that occupiers may have some idea of their future commitments. Re-sewering will be proceeded with in part of the area and external improvements to amenity are still outstanding. Indeed, one would have liked to have seen more done in this regard in order to produce a better appearance during early stages of rehabilitation. The City Architect has in mind gradual area rehabilitation throughout the next 20–30 years involving, from time to time, the replacement of obsolescent and worn out houses as appropriate. Improvement Grants are of course available and a house with a reasonably good shell can expect a life of up to 30 years, which seems not unreasonable. The Cranham Street area—purchased as a cleared site—has now been redeveloped with flats and maisonettes and accommodation for the elderly, mainly with a view to decanting the population from unsatisfactory houses in Jericho, and this has proceeded satisfactorily, although there are not unexpected complaints about high rentals—not only affecting this particular part of the City. Such complaints are nationwide.

An active Area Working Party has been established for officers representing all Departments concerned with the rehabilitation effort. They meet together regularly and advise Housing Committee on matters of importance. Local residents' meetings are held after each property block is surveyed; treatment is discussed and arrangements made for work to proceed as finally agreed.

As mentioned last year, the Jericho (St. Barnabas) Rehabilitation Area is our principal interest at present in the housing field, although towards the end of the year a Sample Housing Survey as recommended by the recent Dennington Report was concluded. Nearly 1,000 houses have been visited, being one out of every 33 on the Rating Register, and categories devised give a broad picture of the fit and unfit property in the City, the extent of multi-occupation, disrepair costs, extent of garages and garage spaces, and the general types of dwellinghouse in the City. This report, now completed, should be extremely valuable in setting a basis for the future of steady removal of those houses unfit to continue in use and a firm programme of repair and improvement of those capable of treatment to enable them to have a longer life. The following extracts may stimulate thinking on the housing situation in this City.

TABLE 1

Stock of Dwellings: By Tenure and Condition

Estimated Number November 1969

Tenure	Unfit dwellings			Dwellings not unfit			All Dwellings
	In potential Clearance Areas	Others	All unfit dwellings	Adjoining potential Clearance Areas	Others	All dwellings not unfit	
Owner/occupied	220	330	550	33	15,625	15,658	16,208
Rented from Local Authority ..	—	33	33	33	8,415	8,448	8,481
Rented from University ..	66	99	165	33	1,551	1,584	1,749
Other rented properties ..	110	396	506	—	5,264	5,264	5,770
Closed properties	66	33	99	—	—	—	99
No longer used as a dwelling ..	—	—	—	—	132	132	132
Total stock	462	891	1,353	99	30,987	31,086	32,439

TABLE 3

Stock of Amenities: By Lack of Basic Amenities and Tenure

Estimated Number November 1969

Amenities lacked	Owner occupied	Rented from Local Authority	Rented from University	Other rented property	Closed properties	No longer used as a dwelling	All Dwellings
Internal water-closet	1,220	99	165	875	99	33	2,491
Fixed bath	964	99	231	834	99	33	2,260
Wash basin	1,157	330	264	1,070	99	66	2,986
Hot and cold water at three points	1,571	429	264	1,085	99	66	3,514
All houses—one or more of the amenities	1,778	429	264	1,109	99	66	3,745

TABLE 4

Stock of Dwellings: By Tenure and Repair Costs

Estimated Number November 1969

Tenure	Under £100	£100–£249	£250–£499	£500–£999	£1,000–£1,499	£1,500 and over	All dwellings
Owner/occupied	11,782	3,040	639	624	80	43	16,208
Rented from Local Authority	7,128	990	330	33	—	—	8,481
Rented from University	1,089	297	165	165	33	—	1,749
Other rented property	3,398	1,349	516	465	37	5	5,770
Closed properties	—	—	—	—	33	66	99
No longer used as a dwelling	99	33	—	—	—	—	132
Total stock	23,496	5,709	1,650	1,287	183	114	32,439

TABLE B

Stock of Dwellings: By Multiple Occupation and Number of Occupants

Estimated Number November 1969

Dwellings in multiple occupation:	
2 persons	314
3 persons	556
4 persons	244
5 persons	451
6 persons	416
7 persons	174
8 persons	174
9 persons	104
10 persons or more	174
Total dwellings	2,607*
Dwelling not in multiple occupation:	
Vacant	1,226
1 person	4,489
2 persons	10,182
3 persons	5,297
4 persons	4,186
5 persons	2,934
6 persons	1,147
7 persons	202
8 persons	135
9 persons or more	34
Total dwellings	29,832

*Does not include Student bed/breakfast and board premises.

TABLE H

Stock of Dwellings: By Provision of Garages and Car Parking Facilities

Estimated Number November 1969

Number of dwellings with garages or car ports:	
Within private grounds of dwelling	8,943
Outside private grounds of dwelling	2,631
Number of dwellings with car parking space:	
Within private grounds of dwelling	5,907
Outside private grounds of dwelling	500
Number of dwellings with no garaging or car parking facilities	14,458
Total	32,439

NOTE: A dwelling in a block of flats within private grounds is classified as having a garage, etc., within private grounds if the garage, etc., is so situated.

The Survey figures show houses unfit and in potential clearance areas as 462, although the total number of unfit houses, many of which may be capable of recovery treatment, totals 1,353. It should also be noted that approximately 50% of the houses in the City are owner-occupied and the figure for multi-occupied houses does not include dwellinghouses used for bed and breakfast and boarding accommodation for University students—such premises are additional to the 2,607 suggested by the Report. Although the Survey time had to be extended because of staff shortages, it was completed just after the end of the year and went very smoothly with little opposition, apart from one or two queries regarding the use of the information and the usual odd objectors who were not anxious to assist the enquiry in any way whatsoever. Sufficient information was gleaned from other sources in the majority of these cases. The Report will be considered by the Housing Committee early in the new year with the object of setting a programme for the next five years and advising the various officers involved with other aspects of the Survey.

Multi-occupation

Work on improvements and repair of multi-occupation premises continued throughout the year with Mr. Cross, the Technical Assistant, doing most of the routine inspection with a Fire Prevention Department representative present as appropriate. Thereafter schedules of work and reports of the Fire Prevention Officer are sent to the person in control, requesting attention to all the matters involved and advising them of the standards required under local Regulations. As mentioned last year, one unit of sanitary accommodation, washing facilities, etc., is required for each eight persons. Considerable progress has been made during the year in securing such improvements to multi-occupied premises. 955 inspections were carried out. 364 houses are on the Register but there are over 2,500 more requiring inspection.

Fourteen directions have been served in connection with multi-occupation—five during the year under review. 61 houses have been repaired and improved, 116 notices being served under Section 15 of the Housing Act, 1969, while 26 houses were found on initial inspection to satisfy the City Regulations. 18 premises were brought up to good fire prevention standard, only five being found on initial inspection to satisfy the Fire Officer's requirements. There were 48 (30) cases of overcrowding on the Multi-Occupation Register at the end of the year. 60 visits were made in that connection. Nine cases were abated during the year.

Improvement Grants

The provisions of the 1969 Housing Act gave rise to some discussion between officers involved in connection with responsibility for Qualification Certificates and the general working of the Improvement Grant system. The City Engineer, through the Improvements Grants Officer on the staff of the Building Inspectors, continues to be responsible for Improvement

Grants, whether Standard, Discretionary or Special, and his services are also required in connection with the granting of Qualification Certificates. Public Health Inspectors were formerly solely responsible for Disrepair Certificates under the Rents Acts and work in connection with rent control. It was felt desirable that such responsibility should continue under the new arrangements as the Inspectorate are responsible for dealing with unfitness of houses and general housing inspection throughout the City. It was arranged eventually that the Town Clerk would act as a liaison officer for Qualification Certificates, receiving from the City Engineer and Chief Public Health Inspector necessary information as to amenity and unfitness of each house concerned. This arrangement is now operating reasonably well. I am indebted to the Improvement Grants Officer for the following information on Grants. (Numbers in brackets refer to 1968).

Standard Grants

37 (23) applications were received in respect of tenanted houses and 95 (93) from the owner-occupiers of houses, a total of 132 (116). The number of applications approved during the year was 113 (112). No applications were refused and the number of dwellings physically improved amounted to 104 (75). Improvements involved 63 (59) baths, 75 (67) wash hand basins, 92 (69) internal W.C.s., and 77 (60) ventilated food stores. Total costs of the Standard Grants amounted to £14,415 (£4,802) which is a welcome increase.

Discretionary Grants

15 (7) applications were received in respect of tenanted property and 51 (41) in respect of owner-occupied houses, the total being 66 (48). 43 (42) applications were approved and 2 (2) refused. 33 (32) houses were actually improved during the year, the total cost amounting to £9,266 (£7,927). Less activity is obvious in this form of Grant Aid.

It is clear that unless there is considerable increase in the number of applications proceeded with, it will take a very long time before all houses suitable for improvement are dealt with. There is considerable apathy apparent as well as lack of money in connection with the whole Improvement Grant scheme, notwithstanding the increased generosity of central government in its connection. £1,000 is available for a house needing extensive improvement and repair, although this is coupled to a similar sum provided by the owner to achieve full grant. A house in most cases can be thoroughly modernised and repaired for this sum and provide a much more valuable capital asset in the housing market. Many owners seem not anxious to become involved and have other more immediate priorities (e.g. motorcars and television sets). It is not surprising, therefore, to find many with expensive T.V. sets and cars living in houses falling short of good maintenance and modern standard. This is only one of the problems facing officers responsible for securing essential repairs and improvements in houses and considerable publicity and pressure will be needed to

achieve a satisfactory target in the present century (only 30 years left). The national problem, it should not be forgotten, involves no less than $4\frac{1}{2}$ million houses for improvement in addition to $1\frac{3}{4}$ million for clearance.

Unfit houses

The report on unfit houses locally, as submitted to the Ministry of Housing and Local Government on Form P.13 (Housing), is as follows:—

Houses demolished—	
in Clearance Areas	17
under Sections 16/17 Housing Act, 1957	21
in connection with Certificates of Unfitness (Local Authority Houses)	7
Houses closed under 1957/61 Housing Act powers	29
Parts of houses closed—Section 18 of the Housing Act, 1957	2
Displaced persons and families (62 families involving 147 persons)	
Houses made fit (informal action)	7
Houses made fit by formal action	—
Houses subject to Closing Orders made fit and determined thereafter	6
Repairs under Public Health Act or other Acts formal notices	1
Houses subject to Demolition Orders made fit	Nil

There was again absence of any Clearance or Compulsory Purchase Orders during the year—in accordance with Council policy—and every attempt is now being made to deal with unfit property by encouraging (where appropriate) repair and reconditioning following any Closing Orders or Demolition Orders made. Private enterprise is also being encouraged to interest itself in the recovery of dwellinghouses requiring major works of repair and improvement and, although there are encouraging signs in the Jericho Rehabilitation Area, little tangible progress seems to be evident elsewhere. In view of our Housing Survey results, some consideration will need to be given to the houses in the areas surveyed and in the light of such action the Housing Committee will no doubt instruct their officers in connection with treatment of the unfit property found.

Overcrowding

It will be noted under multi-occupation that 48 (30) cases of overcrowding were found, 9 cases being abated during the year. No cases of overcrowding were reported in single occupation dwellings.

13 Closing Orders were made during the year and 9 Unfitness Certificates were made in respect of City dwellinghouses. 6 Closing Orders were revoked following successful repair and reconditioning. Only 2 applications were received under Section 45 (Part III) of the Housing Act, 1969, for Qualification Certificates, and they were under review at the end of the year. There are already signs of awakening interest in this matter of

Qualification Certificates and rent appraisal and no doubt more will be seen of this part of the Act in the next Annual Report. 5 Certificates of provisional approval under Section 46 were granted during the year. 1,860 (1,807) Land Charge enquiries were dealt with and 10 (150) surveys carried out in connection with mortgage applications to the City Council —a measure of the shortage of money available for house purchases.

Repairs and Improvements carried out, 1969

Items	Dwelling houses	Food Premises	Other Premises	Total
Accumulations removed	8	34	2	44
Dampness remedied	47	—	—	47
Dustbins	7	17	—	24
Drains/Waste pipes cleared	15	10	—	25
Drains/Waste pipes, etc., repaired	14	6	1	21
Doors/Windows repaired	100	18	—	118
Floors repaired/renewed	55	69	20	144
Food cupboards	16	30	—	46
Gutters, spouting	31	2	—	33
Hot water supply	36	11	10	57
Lighting improved	12	26	11	49
Roofs repaired/renewed	39	1	1	41
Rooms cleansed/redecorated	16	71	31	118
San. Accomm. provided/repaired	22	19	18	59
San. Accomm. cleaned/redecorated	11	9	2	22
Sinks/wash basins prov./rep.	25	43	1	69
Smoke nuisances (Industrial)	1	—	—	1
Ventilation improved	3	32	14	49
Walls and Chimneys (External)	36	2	—	38
Walls and Chimneys (Internal)	35	58	1	94
Water Heaters provided	23	9	—	32
Water supply installed	5	1	1	7
Yards repaired, etc.	1	5	—	6
Other nuisances	11	181	65	257
Totals	569	654	178	1,401

(C) SUPERVISION OF MILK, MEAT AND OTHER FOOD SUPPLIES

(i) Milk and Milk Products

Milk supply continues to be organised in satisfactory manner throughout the City of the 163 (173) distributors on the Register, with 30 (39) self-service machines providing milk in cartons on authorised sites. Only 16 samples from the self-service machines failed the Methylene Blue Test as against 44 the previous year—a great improvement. Once again it seems appropriate to call attention to the need for proper stock rotation and maintenance, and we continue to stress this point to all operators involved. There was during the year the usual grumbling about condition of milk bottles, many of which sustain fairly heavy scoring and abrasion by contact with metal, etc., carriers. This, of course, is inevitable in a system whereby bottles continue in constant use over long periods in order to achieve the maximum economic benefit to the suppliers. Appearance is

important and often misleading to the customer, nevertheless it is hoped that the day may not be far distant when non-returnable cartons are used for supply. Whether milk supply will ever develop completely into provision of a dry product requiring mere addition of water may not be a very popular idea but is one which is already a practical proposition in so far as skimmed milk is concerned.

Out of 342 samples of milk tested during the year, 22 (59) failed the Methylene Blue Test—a considerable reduction. 6 failures concerned supplies from roundsmen's vehicles and 16 (as already mentioned) vending machines, there being no failures allied to either retail shop or school supplies, a most encouraging state of affiairs. Six samples out of 384 submitted for antibiotic examination proved positive and follow-up samples were taken in each case, warnings being given as appropriate. There is still too much carelessness in application of antibiotics to dairy cows and, while eradication of udder infection is to be commended, attention to the requirement that milk must be withdrawn temporarily from sale must be insisted upon with a penalty for failure to carry it out. There were two samples showing Brucellosis infection and it is fortunate that no raw milk is sold in the City; a close watch is still kept on any attempt to secure approval for its sale in view of continuing anxiety about Brucellosis infection. Indeed, at time of writing, evidence had been received of a further positive Brucellosis case allied to that previously reported when a herdsman fell ill during a period of routine testing of a herd subject to an application for the sale of raw milk. That incidence of infection turned the scales and all supplies from that source continue to be pasteurised. The two other samples found positive for Brucellosis during the year were from bulk supply which had, in fact, merely been examined by the Public Health Laboratory as a test for students attending for instruction! Such an incident certainly underlines the need for continued heat treatment of milk intended for consumption until Brucellosis infection has been satisfactorily eradicated.

The Gerber test routine examination continues in the office laboratory, 128 milk samples being examined by this means, and average results continue to be well above minimum standards. Channel Island showed 4.6% butter fat with non-fatty solids at 9.13%. Pasteurised milk averaged 3.62% butter fat with 8.72% non-fatty solids—a slight reduction in non-fatty solids on the previous year.

General stores selling pre-packed milk declined from 147 to 138, although a small amount of sterilised milk continues to be sold in the City. All milk supplied to schools is satisfactorily pasteurised and complies with quality tests under Food and Drugs Acts. There was no Phosphatase Test failure among 342 samples taken during the year and 17 samples of sterilised milk satisfied the Turbidity Test. Eleven of the 342 samples taken during the year were voided because of unsatisfactory Laboratory temperature—slightly more than during the previous year. Six samples of

ultra high temperature milk examined proved satisfactory. There was again no biological testing of milk by the Public Health Laboratory.

Milk Sampling Results

	Samples tested	Satisfactory	Failed	Void
Heat Treated Milk (Pasteurised)				
Methylene Blue Tests	342	309	22	11
Phosphatase Tests	342	342	—	—
Sterilised Milk				
Turbidity Tests	17	17	—	—
Ultra High Temperature Milk				
Colony Count	6	6	—	—

Ice Cream

57 (66) samples of ice cream were examined during the year—a slight reduction on the previous year's figure. Nine submitted for analysis showed average fat content of 7.79% (6.1%) with sugar at 16.29% (15.9%), total solids being 35.70%. The lowest fat content proved to be 5.7% (5%) and is above the official minimum 5% limit. 24 (16) ice lollies were examined and only one proved unsatisfactory. Of eight unsatisfactory keeping quality reports on ice cream, four were from retailers' vehicles and four from shops; three of the eight were in the lowest grade (4) and five in Grade 3. On the whole the standard of ice cream is good and it continues to prove a very acceptable article of general diet.

(ii) Clean Food Campaign

(a) Inspection of Food Premises

There was a slight reduction in the number of inspections to food premises during the year, there being 2,885 (3,682), mainly to check conditions under Food Hygiene Regulations. In connection with the premises examined it is interesting to note that the number of defects found and dealt with reached 654 compared with 552 for the previous year. An increase in the number of items such as defective floors, food cupboards, lighting, sinks, wash basins and decoration has been noted. Continuous attention to food premises is still necessary to bring up to standard those premises found not complying with Regulations, for attention to normal maintenance tends to be forgotten, particularly during busy periods. Of course, this is a common fault in all businesses. The excuse is always that it is not easy to find the appropriate time and opportunity for carrying out essential work.

Members of the staff continue to give talks to interested parties and lecture to classes at the Catering Department of the Oxford College of Technology. There was only a little anxiety caused by food poisoning outbreaks during the year. Para-typhoid fever affected the wife of an Italian restauranteur. Despite an illness of about a fortnight's duration, none of the other members of the family or associates in the restaurant

business showed sign of infection, although a nephew admitted to having been ill with suspicious symptoms for about a month. There were no developments apart from the finding of a number of defects in the restaurant structure and routine, which were dealt with.

In another case nine members of the staff of the Regional Hospital Board suffered from mild abdominal pain and diarrhoea, due to minced pork affected by heat resistant Clostridium Welchii.

There is continual vigilance in respect of Hot Dog van operators carrying on business within the City at evenings and weekends, and, while no untoward incidents occurred, there is continued concern about variation in standards of individual cleanliness and efficiency. While the smell of Hot Dogs and onions may be appetising to those desirous of partaking such "delicacies", to those not so interested, the smell is an abomination and one which upsets numerous people. There seems no cure to the nuisance unless one could find a posy of herbs like those used by judges of old time, to be worn when desirous of avoiding the nauseating smell of Hot Dogs with onions! Otherwise there seems no end to it in the streets of most towns and cities where considerable money is made by the service of an article of food which could well be restricted to premises provided with proper ventilation and effluent treatment. The vehicles and operators cause considerable concern to the Police because of obstruction on the highway. Proper control is not easy, although highly desirable.

Imported Food Regulations, 1968

Now that these Regulations are operational there is a growing number of notifications from Ports of Entry concerning meat consignments arriving from abroad—mainly from Ireland. It is common for containers to arrive with split loads, having already been opened—often at Reading or Windsor. After a little initial anxiety the system seems to have settled down reasonably well, and examination of the meat involved is now carried out without very much difficulty. Quality has so far been good and complaints absent. An ever-increasing number of containers may be expected in future and variety of foods may develop, but so far as this district is concerned, no signs are evident yet of a special terminal for reception of containers in quantity.

(b) Inspection of Food Hawkers' Vehicles (Oxford Corporation Act, 1953), Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966

Steady increase is shown in the number of hawkers of food in the City subject to this private Act which requires the registration of those selling food in the City streets. There are 134 registered, compared with 126 and 118 in the previous two years. Stall-holders operating food businesses in the Oxpens Open Market have increased in two or three years from 2 to 19, and this Market, which is held on Wednesdays throughout the year, attracts many citizens and visitors from outside the City boundary.

1,272 inspections of vehicles and stalls were carried out during the year and considerable attention given to the question of market refuse storage and removal. Efforts to secure improvement in the standard of hygiene of the vehicles and stalls were maintained, there being greater pressure now applied in connection with provision of hot water and sink points.

Inspection of Food Premises

Premises	No.	Inspections
Bakehouses	10	95
Butchers	79	583
Cake Shops	16	62
Confectioners	117	9
Dairies and Milk Depots	8	94
Fishmongers and Poulterers	19	303
Preparation and Service of Food	263	974
Fruit and Greengrocers	75	191
Grocers	229	814
Ice Cream Manufacturers	3	18
Miscellaneous (Including Ice Cream Retailers)	—	1,947
Market Stalls, Hawkers, etc...	188	1,272
St. Giles' Fair Food Stalls	46	1,106
Public Houses and Social Clubs	193	187
Visits re sampling	—	814

(c) Hygiene Education and Publicity

The Chief Inspector, his Deputy and other members of staff carried out lectures and talks to various bodies during the year. In addition, visits were arranged for student nurses and medical staff undergoing training, and at the same time lectures have been maintained at the Catering School at the Oxford College of Technology and some of the schools where domestic science classes are held. Coloured slides and film strips and other sets of visual aids are used involving specimens of one kind and another, and appliances used in the Department, and there is considerable interest shown from time to time in this part of our work. Twelve lectures were given by the Chief Inspector, six by the Deputy, and four by the Specialist Senior Food Inspector, with three by another Senior Inspector. Fourteen sets of visits were arranged for various groups. Close contact was maintained with Domestic Bursars of colleges, hospital kitchen service staff and various members of the catering service throughout the City and it is pleasing to record a generally satisfactory working arrangement with all concerned, the mutual aim being improvement in both food handling standards and hygiene of preparation and service.

(d) Hospital and College Hygiene

402 (291) visits were made to Colleges during the year and 299 (277) to Hospital premises for advisory purposes. Interest in standards of kitchen hygiene and service, arrangements for pest control, and, not least, in the handling of refuse, its storage and disposal, continue to be matters of

considerable concern. Incineration of refuse is topical and not a minor problem for a University City like ours where the burning of refuse poses problems of pollution, chimney heights and suitable situations for plant. Nevertheless availability of land for reclamation by refuse tipping is becoming a problem and must be resolved within the near future. Whether centralisation of incineration could develop and interest the Industrial, University, Hospital and City Authorities is a matter for speculation. The Pest Control staff have coped well with demands for service throughout the University and Hospital scene, while the Cleansing Superintendent and his staff have been most co-operative and helpful where refuse problems have arisen.

(iii) Meat Inspection

The highlight in this sphere of our work was the closing down in March of the Eastwyke Slaughterhouse, following considerable discussion about modernisation and costs involved. Eventually the firm concerned (Messrs. R. R. Alden & Son) decided to close down rather than carry out a costly programme of modernisation. Consequently the additional burden on the Co-operative Society abattoir had to be faced. Mr. Ellison, one of the Authorised Meat Inspectors, secured at the time another appointment in the Midlands and any staff problem in that regard was removed. Arrangements were made by interested Butchers with the Co-operative Society management for slaughtering at their premises in Botley Road still within the general hours of slaughter already agreed upon. The Eastwyke Farm premises were later re-organised to serve as a deep freeze food centre after a considerable amount of refrigeration space had been installed. Storage and sale commenced and by the end of the year the business seemed to be operating satisfactorily. The Oxford and Swindon Co-operative Society (now combined) absorbed the increased load fairly smoothly, although having to arrange for some increase in covered lairage at the Slaughterhouse following disposal by the Society of open field lairage in Marston Ferry Road. There are still no sterilisation facilities at the Slaughterhouse but satisfactory arrangements are in operation for the removal of inedible offals and condemned material for processing by an approved firm having facilities outside the City. Vehicles properly marked and under close control, as required by the Regulations, operate for the purpose. Hours of slaughter are reasonable, involving a full Monday 7.30 a.m. to 6.00 p.m. as a rule, and thereafter Tuesday and Wednesday until 6.00 p.m., with little except casual slaughtering thereafter. Overtime worked at the former Eastwyke Slaughterhouse reached 100 hours during the first quarter of the year before closure, while at the Co-operative Society premises it amounted to 40 hours, compared with 102 during the previous year.

Charges for slaughtering had been fixed at 75% of the maxima laid down by Regulation but Committee decided that 100% charges should be passed on as from 1st November in view of the changed circumstances. Income during the year amounted to £176 14s. 9d. from the Eastwyke

premises (three months only) and £708 10s. 11d. (full year) from the Co-operative Society abattoir. Moslem slaughter ceased on the closure of Eastwyke and the Butcher concerned made alternative arrangements for his slaughtering programme at Slough. This was a considerable relief because of the large number of poor quality sheep slaughtered by that particular butcher.

Slaughtering Statistics

24,744 (41,346) animals were slaughtered during the year—a considerable decrease. Average kill over the past ten years shows decrease for the first time—35,492 as against the previous average of 36,689. Throughput is shown below with signs of the closure of the Eastwyke Slaughterhouse obvious from the end of March 1969.

	Eastwyke	*Co-op.*
Bulls	—	2
Steers	359	1,405
Cows	62	338
Heifers	201	1,315
Calves	18	70
Sheep	4,399	6,522
Pigs	1,258	8,793
Goats	2	—
	6,299	18,445
Total		24,744

Poultry Slaughter

At the small slaughtering establishment of Mr. Allan of Headington, 4,144 hens and 373 cockerels were dealt with and condemnations involved 112 hens and three cockerels—of total weight 246 lbs. The majority of the birds were condemned on account of poorness and emaciation, although one showed definite tumour formation and another many abscesses. The number of poultry slaughtered is not great but is a fairly regular weekly feature which enables the District Inspector concerned to carry out reasonable inspection. A certain amount of poultry slaughter carried out by Moslems in various parts of the City has been noted, although not to a very great degree. They have been advised to procure their animals from source wherever possible, already slaughtered and prepared, rather than carry out the work in domestic premises. Of course, control of poultry slaughtering is now imminent.

It is pleasing to express appreciation of the close collaboration of our veterinary colleagues at Divisional Office, headed by Mr. W. Beament, the Divisional Officer. Their helpful advice was always available during the year. We are also indebted to the local Inspector of the R.S.P.C.A. (Mr.

Hallam) for his help, with regret at his leaving the district, and appreciation is also expressed to Dr. Jebb and his staff at the Public Health Laboratory for assistance in this important part of our work.

Cysticercus Bovis

Only one suspected case of this cystic stage of the beef tape worm was found during the year, a degenerate cyst being demonstrated in the right internal masseter muscle of a cow. The usual precautionary steps were taken. This is only the second occasion in 13 years when no viable cysts have been found. Adequate deep freeze facilities exist for treatment of any cases found.

Liver Fluke (Fascioliasis)

Although the figures of animals inspected are considerably less than those for the previous year, the percentage of affected animals was increased, being a record for both bovine—47.45%—and sheep—29.43%. Despite the large number of affected sheep slaughtered by the Moslem Butcher at Eastwyke over the short period, high incidence continued even in better quality sheep handled at the Co-operative Slaughterhouse. Whether treatment of pasture land is ineffective or is not being carried out as a routine measure, is a matter for conjecture, but wet pastures are known to be the major source of this condition, provoking continual development of snails associated with propagation of the liver fluke.

Year	Bovines Inspected	Bovines Affected	Per-centage	Sheep Inspected	Sheep Affected	Per-centage
1960	5,971	1,068	17.88	18,225	182	0.99
1961	5,584	936	16.41	21,498	336	1.56
1962	5,887	837	14.22	19,051	248	1.30
1963	6,171	795	12.88	17,664	230	1.30
1964	6,773	1,032	15.23	22,996	340	1.47
1965	5,616	766	13.64	19,525	333	1.70
1966	5,232	829	15.84	20,518	886	4.32
1967	5,475	1,659	30.30	18,585	959	5.11
1968	4,931	1,813	36.77	24,955	5,187	20.79
1969	3,682	1,747	47.45	10,921	3,214	29.43

Tuberculosis

Once again a completely negative report is presented in connection with Tuberculosis infection of animals at the Slaughterhouse. There has been a constant reduction since 1958.

Cysticercus Bovis—Annual Record of Incidence

Year	No. of Cattle Inspected (excluding) Calves	Suspected cases (i.e. Number refrigerated)	Viable Cysticerous bovis	Degenerated Cysts	Others
1957	4,267	40	20	Most of the remaining 20 were returned as Cysts in various stages of degeneration.	
1958	4,263	29	16	11	
1959	3,977	15	10	5	
1960	4,786	19	15	2	2 granulomata
1961	5,584	15	8	8	3 granulomata
1962	5,887	11	3	2	4 granulomata 2 sarcospiridia
1963	6,171	13	8	4 (3 having cysts of a parasitic nature suggestive of Cysticercus bovis, 1 doubtful)	
1964	6,773	19	13	4 (2 suggestive of Cysticercus bovis)	
1965	5,616	8	6	2 (1 suggestive of Cysticercus bovis)	
1966	5,232	5	3	2 (1 old parasitic granulomata)	
1967	5,475	18	10	7 (3 old parasitic granulomata)	1 chronic abscess
1968	4,931	3	Nil	2	1 mucous Cyst
1969	3,682	1	Nil	1	

Percentage of Animals affected with Tuberculosis

	Cattle	Cows	Calves	Pigs
1959	0.7 (Adult Cattle)	—	—	0.9
1960	0.07	0.01	—	1.34
1961	0.08	0.03	—	1.04
1962	0.05	—	—	0.55
1963	0.06	—	—	0.45
1964	—	—	—	0.28
1965	0.02	—	—	0.14
1966	—	—	—	0.03
1967	0.0004	—	—	—
1968	—	—	—	—
1969	—	—	—	—

Inspections and Condemnations, 1969

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	3,282	400	88	10,921	10,051
Number inspected	3,282	400	88	10,921	10,051
All diseases except tuberculosis and cysticerci:					
Whole carcases condemned	3	3	2	127	26
Carcases of which some part or organ was condemned	1,883	207	—	4,015	1.796
Percentages of numbers inspected affected with diseases other than tuberculosis and cysticerci	57.46	52.50	2.27	37.93	18.13
Tuberculosis only: (resumptive)					
Whole carcases condemned	—	—	—	—	—
Carcases of which some part or organ was condemned	—	—	—	—	—
Percentage of numbers inspected affected with tuberculosis	—	—	—	—	—
Cysterci:					
Carcases of which some part or organ was condemned	—	1	—	—	—
Carcases submitted to treatment by refrigeration	—	1	—	—	—
Generalised and totally condemned	—	—	—	—	—

Diseases other than Tuberculosis in Food Animals, 1969

	Carcase		Offal	
	Total	Partial	Total	Partial
Adult Cattle				
Actinobacillosis (-mycosis) ..	—	—	—	9
Bruising	—	3	—	14
Cysticercosis (C. Bovis)				
(a) Rejected	—	—	—	1
(b) Refrigerated	1	—	—	1
Echinococcosis	—	—	—	1
Emaciation	—	—	—	—
Fascioliasis (Fluke)	—	—	—	1,747
Hepatic Abscess	—	—	—	227
Johne's Disease	1	—	1	—
Mastitis	1	—	1	1
Peritonitis	1	—	1	3
Pneumonia and/or Pleurisy ..	—	—	—	66
Septicaemic Conditions/Fever	1	—	1	—
Telangiectasis	—	—	—	26
Tumours	—	—	—	—
Other Conditions	2	—	2	18
Totals	7	3	6	2,114
Calves				
Bruising	—	—	—	—
Emaciation	—	—	—	—
Immaturity	1	—	1	—
Joint-ill or Navel-ill	1	—	1	—
Septicaemic Conditions/Fever	—	—	—	—
Other Conditions	—	—	—	—
Totals	2	—	2	—
Pigs				
Abscess	1	5	1	99
Arthritis	8	9	8	—
Ascariasis (Milk Spot)	—	—	—	1,029
Bruising	1	30	1	28
Echinococcosis	—	—	—	13
Emaciation	—	—	—	—
Jaundice	—	—	—	—
Pneumonia and/or Pleurisy ..	—	—	—	861
Pyaemia	2	—	2	—
Septicaemic Conditions/Fever	12	—	12	—
Swine Erysipelas	2	—	2	—
Tumours	—	—	—	—
Other Conditions	—	4	—	15
Totals	26	48	26	2,045
Sheep				
Abscess	—	—	—	14
Arthritis	—	1	—	—
Bruising	—	41	—	5
Cysticercus Ovis	—	—	—	—
Echinococcosis	—	—	—	3
Emaciation	82	—	82	—
Fascioliasis (Fluke)	—	—	—	3,214
Jaundice	—	—	—	—
Pneumonia and/or Pleurisy ..	—	—	—	2,188
Pyaemia	5	—	5	—
Septicaemic Conditions/Fever ..	4	—	4	—
Tumours	—	—	—	8
Other Conditions	36	—	36	40
Totals	127	42	127	5,472

Unsound Meat

The Ministry of Agriculture, Fisheries and Food are given quarterly returns of disease conditions found at the Slaughterhouse, this Department collaborating with the Ministry in their experimental research returns. The University Departments having research projects continue to collect from the Slaughterhouse certain organs and parts of offal, otherwise all condemned or surrendered material is disposed of for processing according to the Regulations. From time to time small amounts may be incinerated at the Churchill Hospital incinerator by arrangement with the Administrator and Engineer, to whom appreciation is expressed for their collaboration.

(iv) Sampling of Food and Drugs

192 (184) samples of food and drugs were submitted during the year to the City Analyst for examination and 14 (15) were returned as non-genuine. Arrangements continue for the sending of samples by 'bus transport from Gloucester Green to Reading as this has been found much more satisfactory than rail for ensuring delivery at the Laboratory.

A list of the unsatisfactory samples is given herewith:—

1. West Indian Drinking Chocolate—cocoa butter 44.5%, sugar (sucrose), lactose, glucose and milk protein absent. Not a drinking chocolate as it lacked sugar and milk solids. Correct description should be 'Spiced Cocoa'. Decided not to proceed owing to ambiguity of name.

2. Flower Water—sample consisted of water and small amount of essential oils. Contained mould growth and label did not bear a list of ingredients. Label to be replaced.

3. Chow Chow in Syrup—Plums 42.5 gms., Cucumber 131.0 gms., Ginger 43 gms., Turnip 43 gms.—ingredients not declared in correct order. To be relabelled showing ingredients in correct order.

4. Grapefruit Marmalade—soluble solids 62.3%, artificial colour absent, preservative absent. Sample deficient in soluble solids—warning letter to manufacturers.

5. Full Fat Gruyere Processed Cheese—fat 23.3%, water 39.5%, fat on dry matter 38.5%. Should contain 45% fat on dry matter and 38% water (Cheese Regulations, 1965, 8(i), and Cheese (Amendment) Regulations, 1966, Schedule. Letter from Ministry of Agriculture, Fisheries and Food agreeing new standard for Gruyere Cheese (water content not more than 48%).

6. Papaya Enzyme—tablets contained 6 mgms. of papaine compared with 22.7 mgms. declared. Tablets withdrawn and re-tabletted to standard.

7. Apple and Rose Petal Jelly—soluble solids 63%. Jam should contain 65% soluble solids. Manufacturing fault—further sample to be taken.

8. Margarine—fat gave strongly positive Kreil test for rancidity. Peroxide value of fat 22, colour bleached. Rancid—stocks withdrawn.

9. Pumpernickel—the illustration on the packet was misleading. Manufacturers to stop supplying to this locality. Matter left to Public Analyst to take up with his own Association nationally.

10. Cooked Minced Beef—nitrates and nitrites present contrary to Preservatives in Food Regulations. Matter taken up with Swindon abattoir and Local Authority. Meat Inspector at Swindon and local investigation failed to reveal source of contamination.

11. Raw Beef—nitrates and nitrites present contrary to Preservatives in Food Regulations. Matter taken up with Swindon abattoir and Local Authority. Meat Inspector at Swindon and local investigation failed to reveal source of contamination.

12. Peeled Tomatoes—tomatoes 55.5%. Tomatoes broken up—not of the quality demanded. Matter taken up with suppliers.

13. Dessert Figs.—sample contained pieces of jute fibre. Matter being taken up with suppliers.

14. Mini Steaks—meat 76%—misleading description as sample consisted of minced or comminuted meat with other ingredients. Manufacturer states that this will not occur again.

Pesticide Residues in Foodstuffs

No samples of foodstuffs for pesticide residue examination were taken during the year, although we have completed our participation in the National Survey results. In view of the generally satisfactory reports, it was not felt necessary to continue regular sampling but arrangements are in hand already for a number of samples to be taken during the early part of 1970 as a further check on pesticide residue in foodstuffs on sale in the City.

Food Complaints

119 (81) complaints were received during the year and of these 14 (4) required report to Health Committee for instructions. 8 (2) prosecutions were authorised as a result, achieving fines totalling £325 (£30) together with £51 4s. 0d. costs and Advocates' fees.

The cases concerned were:—

1. Mouldy Beefsteak and Kidney Pie (Section 2, Food and Drugs Act)—fine £25, 14/- costs.

2. Label in slice of Bread—fine £25, £5 Advocate's fee.
3. Portion of scraper blade in loaf of Bread—fine £60, £10 Advocate's fee.
4. Piece of wire in loaf of Bread—fine £80.
5. Mouse droppings in parcel of Poppy seed—fine £25.
6. Mouldy white loaf—fine £20, £15 10s. 0d. costs.
7. Mouldy Crumpets—fine £40, £5 Advocate's fee.
8. Mouldy Sausage Rolls—fine £50.

Warnings were given in connection with Christmas Puddings found in mouldy condition (2), a wasp in meat pie, insect in cut white loaf, and portions of metal found in can of Rice Pudding and in a small uncut loaf.

As mentioned last year, there continues to be room for improvement in stock rotation of perishable goods with constant vigilance maintained over the storage and sale of perishable food. Pressure continues from many quarters for date stamping of foods but so far there has been little practical progress. One firm in the City undertook wrapping of bread with perforated polythene covers for open sale, much to the satisfaction of many customers. It is a welcome step and District Inspector Glister is to be commended for his success with the firm in achieving this improvement.

Food wastage, mainly because of refrigeration breakdown, was further considered by the Health Committee, who decided that a charge be made where time and transport was needed to deal with surrendered articles of food by firms which suffered through refrigeration breakdown. Considerable quantities of perishable goods become thawed out, particularly over weekends, and as there seems no appropriate outlet for such material, much of which may not be unsound or unfit, arrangements have had to be made for disposal on request with the giving of a schedule (presumably for purposes of recovery through insurance firms). A charge of 10/- per half hour for an Inspector's visit has been fixed, together with 10/- per half hour for transport involved. It is surprising how the imposition of this charge has already reduced calls for attention, although there is time yet for increases with onset of warmer weather and inevitable pressure on refrigeration appliances. It seems a great pity that much of the foodstuff which suffers from refrigeration breakdown cannot be used under proper supervision for human consumption if it is not unfit—and much of it is not (at the time of surrender).

Liquid Egg (Pasteurisation) Regulations, 1963

There are no treatment plants in the district and no samples were taken for examination by the Alpha Amylase test.

Samples taken for analysis during the year 1969

Article	No. of samples obtained			Results of Analysis	
	Informal	Formal	Totals	Genuine	Non-Genuine
Alcoholic Beverages	3	—	3	3	—
Beverages	2	1	3	2	1
Bread	1	—	1	—	1
Cakes and Puddings	1	—	1	1	—
Cheese	8	—	8	7	1
Confectionery ..	12	—	12	12	—
Cream	3	—	3	3	—
Drugs and Vitamins	9	—	9	9	—
Fats	4	—	4	3	1
Fish	11	—	11	11	—
Flour	3	—	3	3	—
Fruit, dried	2	—	2	1	1
Fruit, fresh and tinned	11	—	11	10	1
Ice-cream	9	—	9	9	—
Meat and Meat Products	40	—	40	37	3
Oriental Foods ..	2	—	2	1	1
Papaya Enzyme ..	1	—	1	—	1
Poultry	3	—	3	3	—
Preserves	16	—	16	14	2
Rice	1	—	1	1	—
Sauces and Spices ..	12	—	12	12	—
Sausages, Beef ..	5	—	5	5	—
Sausages, Pork ..	4	—	4	4	—
Snail	1	—	1	1	—
Soft Drinks	16	—	16	15	1
Soup	2	—	2	2	—
Spreads and Pastes ..	4	—	4	4	—
Vegetables	5	—	5	5	—
	191	1	192	178	14

Bacteriological Investigations—Public Health Laboratory Service

A variety of materials were submitted for Laboratory examination to the Public Health Laboratory Service and it is gratifying to report the continued collaboration of Dr. Jebb and his staff at the regional laboratory at the Radcliffe Infirmary.

Canned Food	1
Cherry Flan with Cream	1
Drinking Water samples	3
Faeces	1
Fish Fingers	1
Flower Water	1
Fresh Cream	10
Gravy	1
Ice Cream	57
Ice Lollies	24
Meat Inspection samples (Lymph Nodes, Organs, etc.)	2
Meats	5
Milk Churn Swabs	12

Minced Pork and Ham and Cheese Sauce	1
Pigeons	3
Swimming Bath samples	24
Turkey	1
	148

Eight ice cream samples were returned as unsatisfactory, five being in Grade 3 and three in Grade 4 (already reported). 24 ice lollies examined showed 23 as satisfactory and one failure, although there is, of course, little risk of bacterial contamination of lollies because of high acidity. It is unusual to get an unsatisfactory report on these particular confections. Swimming bath samples gave little cause for concern and it is encouraging to note that samples of fresh cream gave better results than last year. There seems more care now taken at source in the handling and packing of fresh cream for human consumption. Every attempt is made to convince those concerned with the need for pasteurisation of cream, for danger of infection direct from the cow still exists in the raw product.

Merchandise Marks Act

108 (274) visits were made to various premises, including the Markets, in connection with the marking of food on display and no proceedings were necessary during the year.

Foodstuffs Surrendered for Destruction

Commodity	Weight in lbs.	
Cheese	176	
Confectionery	218½	
Cordials	502½	
Fats	456	
Fish	332¾	
Flour	102¼	
Fruit	60¾	
Meat	3,994¾	
Poultry	41½	
Sausages (beef)	94½	
Sausages (pork)	2¼	
Vegetables	1,250	
		7,231¾
Canned		
Meat	985	
Fruit	2,770¼	
Vegetables	1,886¾	
Fish	127¼	
Milk	344¼	
Jam	75	
Soup	450½	
Miscellaneous	1,013¾	
		7,652¾
Frozen goods	2,897¾	
		2,897¾
		17,782¼

The total weight of foodstuffs surrendered for destruction showed a slight decrease but still reached a high figure—almost four tons—a regrettable waste in these modern days. There was happily a considerable reduction in the amount of frozen food to be disposed of (nearly 1,500 lbs. less than the year before) but twice the amount of canned fruit was found in an unsatisfactory condition—perhaps old stock. Otherwise quantities of food surrendered were very similar to those of last year.

Fertilisers and Feeding Stuffs

12 (8) samples were taken under the Act which controls the sale and quality of fertilisers and feeding stuffs, nine being fertilisers and three feeding stuffs. All samples were satisfactory.

(v) Markets

The number of stalls at the Covered and Open Markets showed little change, there being 35 (36) and 19 (17) respectively. Attention to the facilities for refuse storage at both Markets continued in an endeavour to improve circumstances. There was considerable overloading for a time at the Covered Market refuse store with overflow into the corridors. However, the Markets and Cleansing Superintendents together achieved improvement, for which this Department is grateful. There was also attention given to the storage and disposal at the Oxpens Open Market, which at the time of writing seems to be carried out in a satisfactory manner, although better storage facilities would be appreciated.

The future of the Market at Oxpens is causing concern in view of redevelopment of St. Ebbe's and the outcome is awaited with interest. With the 1st phase building on the adjoining site of the College of Further Education, and impending further redevelopment on the Market site, it seems that removal of the Oxpens Market is becoming imminent. It is hoped that every attempt will be made by the City Council to see that if to be replaced elsewhere, a Market of modern standard will be attained on a suitable site.

The Covered Market in the City centre continues to provide a popular covered shopping precinct which, while not of completely satisfactory modern standard, continues to improve, with stall-holders trying to maintain a reasonable hygienic standard. The new side entry from Market Street helps in off-loading, etc., of goods for the Market stall-holders and seems to be generally approved.

Covered Market—

Butchers	9
Fishmongers and Poulterers	5
Fruiterers and Greengrocers	9
Grocers	3
Restaurants	3
Cake and Confectionery	5
Coffee grinder	1
	35

Open Market—

Fruiterers and Greengrocers	8
Confectioners	3
Biscuit and Cake Stalls	1
Grocers	2
Ice Cream Dealers	1
Fishmongers	1
Snack Bar	1
Butchers	2
	19